



ORAL HISTORY ASSOCIATION

2019 Membership Form

Name _____

Organization _____

Mailing address: _____

City _____ State/Province _____ Postal Code _____

Email address _____ Phone _____

Membership – Calendar year 2019

- I wish to join or renew as a General Member at the rate of \$100.
- I wish to join or renew as an Emerging/ Independent Practitioner Member at the rate of \$75.
- I wish to join or renew as a Student/Community Practitioner Member at the rate of \$35.
- I wish to join as a Life Member at the rate of \$1,000.

Member Directory

- I wish to **opt in** to being listed in the Member Directory
- I wish to **opt out** of being listed in the Member Directory

Donation

Tax-exempt contributions to the OHA Endowment Fund help support scholarships and special initiatives.

- I wish to donate \$ _____ to the OHA Endowment Fund.

Payment

- Enclosed is my check payable to Oral History Association.
- I authorize a charge of _____ (include total from above) to my credit card.
 - Visa MasterCard Discover (we cannot accept American Express)
 - Card number _____ Exp date _____ Security code _____
 - Card holder name _____ Signature _____
 - Card billing address if different from above: _____

Mail form to: Oral History Association, Middle Tennessee State University, P.O. Box 193 Murfreesboro, TN 37132 **Questions?** Call 615-898-2544 or email oha@oralhistory.org