



ORAL HISTORY ASSOCIATION

2020 Membership Form

Name _____

Organization _____

Mailing address: _____

City _____ State/Province _____ Postal Code _____

Email address _____ Phone _____

Membership – Calendar year 2020

- 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

Oral History Review

Starting in January 2020, the Oral History Review will be published by Routledge. As part of the transition to the new publisher, OHA members will have the chance to determine how they would like to receive the journal. All members will still have digital access to past and current issues of the OHR through Memberclicks. However, members will need to opt in to receive a print version of the journal, which will be sent twice a year.

- I wish to **opt in** to receiving a print version of the OHR twice a year
- I wish to **opt out** to receiving a print version of the OHR twice a year, and only want digital access to the journal.

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: _____
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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