2021 Membership Registration/Renewal Form

If you wish to register or renew your membership by writing a check, please fill out the form below. Membership rates are as follows:

Individual (print and online): $50/year  
Retired/student (print and online): $42/year  
Online only (no print copies): $20/year

First Name: ___________________________    Last Name: ___________________________    Title: __________
Type of Membership: Individual ☐   Retired/Student ☐  Online only (no print copies) ☐
Affiliation/Institution: __________________________________________________________
Mailing Address: __________________________________________________________________
________________________________________________________________________________
E-mail Address: _________________________________________________________________

Payment: Please fill out this form and enclose a check made payable in U.S. dollars to the American Name Society. You can mail your check and form to:

Dr. Saundra K. Wright  
1040 Macy Ave.  
Chico, CA 95926