2019 Membership Renewal Form

If you wish to 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

First Name: ___________________________  Last Name: ___________________________  Title: _______

Type of Membership:  Individual ☐  Retired/Student ☐

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:

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California State University, Chico
Chico, CA 95929-0830