



WAWH Membership Form

This is a: 1) _____ new 2) _____ renewal 3) _____ gift membership.

Name _____

Mailing Address (include city, state, zip) _____

(Circle one) This is a HOME or WORK address For renewals: this is an updated address YES or NO

Phone (Home) _____ (Work) _____

E-mail address _____

Current Institution and/or Affiliation or Independent Scholar _____

Current Department and Title, if any _____

Research and/or Teaching Fields (up to 3) _____

(Please Circle YES or NO)

Publish my name and mailing info in the next Directory YES or NO Publish my home information YES or NO

I would like to receive email from the organizational email list YES or NO

I would like to receive my *Networker* by email rather than a print copy by mail YES or NO

Membership Level

Membership level (circle one) lifetime, full-time, part-time, retired, graduate student, independent scholar, other

Graduate Students (circle one) MA Student, Doctoral Student, Doctoral Candidate

Membership Fees

Lifetime	\$500
Over \$90,000	\$50
\$60,000-\$89,999	\$40
\$30,000-\$59,999	\$30
Under \$29,999	\$20
Graduate Student	\$10

I would like to donate \$ _____ to _____

You may pay either by check or by credit card. WAWH prefers checks (in U.S .Funds). Make checks payable to WAWH.

Circle one: Visa or MasterCard

Credit Card Number _____ Expiration Date (MM/YY) _____

Street Number of billing address for the credit card _____ Billing Zip/Postal Code for the credit card _____

Card Holder Signature _____

Membership runs WAWH conference to WAWH conference. All donations are tax-deductible.

Please send form and with payment to:

WAWH, 3242 Petaluma Avenue, Long Beach, CA, 90808-4249, amyessington@wawh.org