



Linguistic Society of America

2015-2016 INDIVIDUAL MEMBERSHIP FORM
Please provide all information and please print. Form valid through 9/30/2016.

NAME: _____

TITLE _____

SHIPPING ADDRESS FOR LANGUAGE: _____

COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

PLEASE CHECK IF YOU WOULD LIKE TO RECEIVE LANGUAGE ONLINE ONLY _____

Table with columns for membership dues and tax-deductible donations. Rows include Regular, Student, Emeritus, and Life membership options, and various donation funds like Charles Fillmore Student Fellowship Fund and LSA General Fund.

TOTAL PAYMENT AMOUNT (Membership & Donation, if applicable): _____

Check/Money Order VISA MasterCard AMEX

CARD NUMBER: _____ EXP DATE _____ SECURITY CODE _____

NAME AS IT APPEARS ON THE CARD: _____

CREDIT CARD BILLING ADDRESS _____

PLEASE SEND COPY OF FORM WITH PAYMENT AND REMIT TO:
If a credit card payment, you may fax this form to: 202-835-1717
If paying with a check, please send form and check to:
Linguistic Society of America
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