



Linguistic Society of America

K-12 MEMBERSHIP FORM

Please provide all information and please print.

A COMPLIMENTARY ONE-YEAR LSA MEMBERSHIP, RENEWABLE ON DEMAND, WILL BE MADE AVAILABLE TO ANY K-12 TEACHER OR STUDENT UPON REQUEST.

NAME: _____

MAILING ADDRESS _____

COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

I AM A TEACHER STUDENT AT (INSTITUTION) _____

I am interested in learning more about:

The LSA's Linguistics in the School Curriculum Committee

The North American Computational Linguistics Olympiad

*Please indicate any other Open Committee of interest to you (listed on our website under About LSA – Committees – LSA Committee Nominations)

SIGNATURE _____

PLEASE CONTACT THE LSA AT THE PHONE NUMBER OR EMAIL BELOW IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEMBERSHIP OR ACCESS TO THE LSA WEBSITE.

PLEASE SEND FORM TO:
Linguistic Society of America
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FEIN#: 74-6043371