

Gift Membership Purchase

| Your Name: | | | • |
|-------------------------|---|----------------|-----------------|
| Your Email: | | | |
| Billing Address | | | |
| Address: | | | |
| | | | |
| City: | | | · |
| State/Province: | | | |
| ZIP/Postal Code: | | | |
| Country: | | | |
| Gift Recipient Informa | ution | | |
| Name: | | | |
| Email: | | | - |
| Gift Membership Leve | ક ો : | | |
| | p level you'd like to give. We offer o you'd like electronic or print delive | | n-students, and |
| [] Regular Membersh | nip, Electronic Delivery (\$105) | | |
| [] Regular Membersh | nip, Print Delivery (\$145) | | |
| [] Student Membersh | nip, Electronic Delivery (\$45) | | |
| [] Student Membersh | nip, Print Delivery (\$85) | | |
| Credit Card Information | on | | |
| Name on Card: | | | |
| Credit Card Number: | | | |
| Expiration Date: | | Security Code: | |
| [] I prefer to pay by | check (enclosed) | | |
| [] I prefer to pay by | check (enclosed) | | |

PLEASE SEND COPY OF INVOICE WITH PAYMENT AND REMIT TO:

If a credit card payment, send as a PDF attachment to briebe@lsadc.org

If paying with a check, please send form and check to:

Linguistic Society of America 522 21st St. NW, Suite 120 Washington, DC 20006 USA

202-835-1714; fax: 202-835-1717; email: lsa@lsadc.org FEIN#: 74-6043371