2020-2021 INDIVIDUAL MEMBERSHIP FORM
Please provide all information and please print. Form valid through 9/30/2021.

NAME:_________________________________________________________________________________________________

TITLE__________________________________________________________________________________________________

SHIPPING ADDRESS FOR LANGUAGE:____________________________________________________________________________

__________________________________________________________________________________________________________

COUNTRY:_____________________________________________________________________________________________

TELEPHONE:_______________________________ E-MAIL:____________________________________________________

MEMBERSHIP DUES:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Regular: Language</td>
<td>online</td>
<td>$105.00</td>
</tr>
<tr>
<td></td>
<td>copy</td>
<td>$115.00</td>
</tr>
<tr>
<td>Student: Language</td>
<td>online</td>
<td>$45.00</td>
</tr>
<tr>
<td></td>
<td>copy</td>
<td>$55.00</td>
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<tr>
<td>Associate: Language</td>
<td>online</td>
<td>$75.00</td>
</tr>
<tr>
<td></td>
<td>copy</td>
<td>$85.00</td>
</tr>
<tr>
<td>Life (payable in one, four or twelve installments)</td>
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<td>$1900.00</td>
</tr>
</tbody>
</table>

PLEASE CONSIDER A TAX-DEDUCTIBLE DONATION TO LSA:

- Richard T. Oehrle Memorial Fund
- Yuki Kuroda Student Fellowship Fund
- Emmon Bach Fellowship Fund
- Ken Hale Student Fellowship Fund
- Financial Assistance and Student Support Fund
- Program Development and Committee Activities Fund
- LSA General Fund
- Leadership Circle (Minimum Annual Contribution $100)

PLEASE SEND ME MORE INFORMATION ABOUT PLANNED GIVING TO THE LSA

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___________________________________________________________

- Check here if you would like your membership to renew automatically

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
522 21st St. NW, Suite 120, Washington, DC 20006-5012
202-835-1714; fax: 202-835-1717; email: lsa@lsadc.org
FEIN#: 74-6043371