

Application for SALALM Membership, 2018/2019

Please print clearly and provide the information below EXACTLY as you want it to appear in the Membership Directory.
MEMBERSHIP renewal payments due on or before October 31, 2018

Name _____
Surname First Name Title

Position _____

Department Name _____

Institutional Name _____

Address _____
City Zip/Country

Phone: _____ Fax: _____ E-mail: _____

Home Address _____
City Zip/Country

Phone: _____ Fax: _____ E-mail: _____

PREFERRED MAILING ADDRESS (check one) [] INSTITUTIONAL [] HOME
How did you hear about us? _____

TYPE OF MEMBERSHIP (Check one)

- | | |
|---|----------|
| <input type="checkbox"/> Honorary: | \$0.00 |
| <input type="checkbox"/> First time Personal Membership: | \$60.00 |
| <input type="checkbox"/> Three-year Personal: | \$280.00 |
| <input type="checkbox"/> Personal: | \$105.00 |
| <input type="checkbox"/> Student: | \$35.00 |
| <input type="checkbox"/> Eméritus: | \$45.00 |
| <input type="checkbox"/> Three-year Personal (Latin America, Puerto Rico, Caribbean): | \$115.00 |
| <input type="checkbox"/> Personal (Latin America, Puerto Rico, Caribbean): | \$45.00 |
| <input type="checkbox"/> Student (Latin America, Puerto Rico, Caribbean): | \$15.00 |
| <input type="checkbox"/> Emeritus (Latin America, Puerto Rico, Caribbean): | \$15.00 |
| <input type="checkbox"/> Institutional (All countries): | \$120.00 |
| <input type="checkbox"/> Institutional Sponsoring Member (All countries): | \$500.00 |
| <input type="checkbox"/> Members outside the U.S. may add Airmail Fee: | \$10.00 |
| <input type="checkbox"/> Credit card handling fee: | \$5.00 |
| <input type="checkbox"/> Late Fee: Payment received after October 31 st : | \$12.00 |

New categories

Sponsoring individual

- | | |
|---|------------|
| <input type="checkbox"/> Platinum | \$1,000.00 |
| <input type="checkbox"/> Gold | \$500.00 |
| <input type="checkbox"/> Silver | \$300.00 |
| <input type="checkbox"/> SALALM Conference Attendance Scholarship | \$ _____ |
| <input type="checkbox"/> Contribution to Enlace Program | \$ _____ |
| <input type="checkbox"/> Contribution to <i>Endow Our Future</i> | \$ _____ |
| <input type="checkbox"/> Dan C. Hazen SALALM Fellowship | \$ _____ |
| <input type="checkbox"/> SALALM Award for Institutional Collaborative Initiatives | \$ _____ |
| TOTAL: | \$ _____ |

All contributions are tax deductible in the United States.

For further opportunities for giving to SALALM, contact the Secretariat at the address below.

You also may pay through PayPal (<http://salalm.org/online-membership-application/>); by check or credit card

VISA _____ MASTERCARD _____ EXPIRATION DATE ____/____/____

CARD NUMBER _____ - _____ - _____ - _____ 3 SECURITY DIGITS _____

SIGNATURE _____

Complete and mail form to:

SALALM Secretariat * Tulane University-The Latin American Library * 422 Howard Tilton Memorial Libraries
7001 Freret Street * New Orleans, LA 70118-5549 * Phone: 504-247-1366 * Fax: 504-247-1367