MEMBERSHIP APPLICATION / RENEWAL FORM

Join or renew online at www.actr.org. Alternatively, you can fill out this application. Please print or type clearly. Email the completed form to membership@actr.org, or mail the form to
Irina Dubinina, ACTR Membership Secretary, GRALL, MS 024, 415 South Street, Waltham, MA 02453

Are you _____ renewing your membership or _____ joining ACTR?
Which year(s) are you paying for ? _____

First Name _____ Middle Initial _____ Last Name _____

Name of Institution/Organization _____
Type of Institution/Organization: elem. school junior high high school college/university
business NGO other

Preferred Mailing Address_____
City_____ State_____ Zip_____ Country_____
Contact Phone # (_____)_____ Email _____

ACTR newsletter delivery preference: ___by mail and email ___by mail only ___by email only
Would you like to receive a paper copy of RLJ? ___ Yes ___ No

Please check the appropriate dues:
[ ] $20 for students and adjunct instructors (does not include Russian Language Journal)
[ ] $50 for lecturers, instructors, pre-college teachers, independent scholars, and retired persons (includes Russian Language Journal)
[ ] $60 for assistant professors (includes RLJ)
[ ] $75 for associate professors (includes RLJ)
[ ] $90 for full professors and non-academic (includes RLJ)
[ ] $250 for life supplement (for Life Members who enrolled prior to 2016, the Life Membership Supplement is a one-time voluntary contribution to ACTR to assist the organization in fulfilling its mission)
[ ] $1500 for one-time dues payment for life membership & subscription to RLJ

Additional Fees:
[ ] $100 sustaining member (in addition to regular member fee). For members who wish to make an additional contribution to the ACTR mission by adding $100 to their regular membership dues.

Donations for
[ ] ACTR Olympiada $ _____
[ ] Laureate Awards $ _____
[ ] AP Test Development$ _____
[ ] Pushkin Endowment $ _____
[ ] Undesignated gift $ _____

Total Due: $_____ Please print or type clearly
__ Check (made payable to American Councils for International Education)
___Visa ___ MasterCard ___Amex ___ Discover
Number_____ Expiration date ____/_____
Security code on the back of the card_____
Name on the card _____
Billing zip code _____