

 **MEMBERSHIP APPLICATION / RENEWAL FORM**

**Please write clearly and make sure this form accompanies every check (if you or your institution is paying the dues by check).** Email the completed form to membership@actr.org, or mail to: Irina Dubinina, ACTR Membership Secretary, GRALL, MS 024, 415 South Street, Waltham, MA 02453

**Your membership runs for 365 consecutive days from the date it is recorded in the database.**

(usually within 1-2 days after receiving the form)

Are you \_\_\_\_\_\_\_\_\_\_ renewing your membership or \_\_\_\_\_\_\_\_\_ joining ACTR?

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Institution** elem. school junior high high school community school

 college university business NGO other

**Preferred Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone** # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your current position** (choose all that apply)

Graduate student (including ABD) Adjunct instructor College lecturer (Instructor) Pre-college teacher

Retired Unemployed Other

**Would you like to receive quarterly ACTR newsletter by mail?** \_\_\_\_ Yes \_\_\_\_ No

**Would you like to receive a paper copy of the Russian Language Journal**? \_\_\_\_ 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

[ ] $60 for assistant professors

[ ] $75 for associate professors

[ ] $90 for full professors and non-academics

[ ] $1500 for life membership (one-time dues payment)

[ ] institutional membership (please contact ACTR membership secretary idubinin@brandeis.edu)

**Please consider making a gift to support ACTR activities** (for more information about these funds please visit actr.org)

[ ] ACTR Olympiada $ \_\_\_\_\_
[ ] Russian Scholar Laureate Awards $\_\_\_\_\_
[ ] PD fund in honor of Olga Kagan $ \_\_\_\_\_

[ ] Pushkin Fund $ \_\_\_\_
[ ] Undesignated gift $ \_\_\_\_

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| --- |
| \_\_ Check (made payable to American Councils for International Education) **personal check/institutional check**\_\_\_Visa \_\_\_ MasterCard \_\_\_Amex \_\_\_ Discover **personal card /institutional card** |
|  | Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date \_\_\_\_\_/\_\_\_\_\_\_\_ |
|  | Security code on the back of the card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name on the card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Billing zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |