



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 idubinina@brandeis.edu)

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

- ACTR Olympiada \$ _____ Pushkin Fund \$ _____
- Russian Scholar Laureate Awards \$ _____ Undesignated gift \$ _____
- PD fund in honor of Olga Kagan \$ _____

___ 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 _____