



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 (olgames@iastate.edu), or mail to ACTR Membership Secretary:

Olga Mesropova
2248 Pearson
505 Morrill Rd
Ames, IA 50011-2103

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

___ 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 address _____

Phone number _____