



SALTA MEMBERSHIP FORM

THIS FORM MAY BE PHOTOCOPIED.

MEMBERSHIP PAYMENT DUES MADE WITH CREDIT CARD OR CHECK (payable to SALTA, NYU in US dollars) **SHOULD BE SENT THROUGH THE MAIL. Please fill in the information requested and return it to:**

SALTA, NYU
SCPS Budget
25 West 4th St, Room 203
New York, NY 10012.

(Please PRINT all information.)

First name _____ Last name _____

Title _____

Language(s) you teach _____

Institution/Organization _____

Mailing address _____

Phone: _____ Fax: _____ Email: _____

MEMBERSHIP CATEGORIES (check one of three options):

- Graduate Student or Unemployed Instructor** \$10
- Adjunct and Pat-time Faculty, Retired & Emeritus** \$20
- Full Time Faculty** \$50
- Institutional Membership** \$300

PAYMENT METHOD (check one of two options, do not send cash):

Check (US funds; payable to "SALTA, NYU)

(if check: check # _____, date _____, amt. \$ _____);

or

Credit Card: Visa; Mastercard

Account Number: | | | | - | | | - | | | - | | | |

Exp. Date (MM/YY): (____ / ____) Signature: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____