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: ______________________________