

society for disability studies

Application for Individual Membership – 2015

Join now and enjoy up to 14 months for the price of 12

Section 1: Contact Information			
Name:			
Affiliation (if applicable):		Title/Position:	
Street Address:			
City:		State/Province:	Zip/Postal Code:
Country:	Telephone Number:	Email Address:	
Section 2: Membership Category			
This is a:		<i>Membership in the Society for Disability Studies (excepting the Life-time membership) is based on a calendar year. All memberships expire on December 31, 20XX. Individuals who join during the last quarter of the year will be members for the balance of the current year in addition to the next full calendar year.</i>	
<input type="checkbox"/> New application <input type="checkbox"/> Renewal from last year <input type="checkbox"/> Renewal from lapsed membership			
Please indicate your chosen membership category			
<input type="checkbox"/>	Life-time Membership	<i>For a one-time contribution of \$1,450.00, life-time members can enjoy all the SDS membership benefits for the remainder of their lives. You can purchase a life-time of membership for fewer than 11 years of dues. Now you can become a life-time member by making your payment over the course of two years. See the benefits page for more information.</i>	\$1,450.00
<input type="checkbox"/>	Professional Membership	<i>This membership level is available for individuals who are working full-time, academic researchers, artists, activists, or other interested individuals.</i>	\$135.00
<input type="checkbox"/>	Student/Low-Income Membership	<i>This membership category is for students enrolled at a college or university in the U.S. or abroad or for members who are unable to pay the full cost of the professional membership category. See the benefits page to learn how organizations can support student learning by sponsoring student members.</i>	\$40.00

No one is denied membership in SDS due to an inability to pay an established membership fee. If none of the above listed fees are feasible for you, you may contact membership@disstudies.org and SDS will work out an alternative payment option for you.

<input type="checkbox"/>	Membership Sponsorship Donation	<i>If you would like to assist in sponsoring an individual who must opt for an alternative payment option (as described above), SDS welcomes your donation in any amount.</i>	\$
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Section 3: Payment Information

TOTAL AMOUNT DUE	\$
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Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> MC/Visa <input type="checkbox"/> AMEX	Please make checks payable to: Society for Disability Studies Mail this form and payment to: SDS Membership 538 Park Hall University at Buffalo Buffalo, NY 14260 USA
Account Name (as it appears on the card):	
Account Number:	
Expiration Date (MM/YY):	Three digit security code (CVV):
Billing Address (if different from member address):	<i>(for office use)</i>
Email Address to send receipt (if different from member address):	

If you have any questions or require assistance in completing your membership application, please call the SDS Executive Office at 716-645-0276.

Thank you for joining SDS!