

## IRAAS MEMBERSHIP FORM

<p><b>Please mail or fax this form to IRAAS</b></p> <p style="text-align: center;"><b>* (Required Information)</b></p>	<p><b>Institute for Research in African-American Studies</b>  <b>Columbia University</b>  <b>1200 Amsterdam Avenue, Mail Code 5512</b>  <b>Room 758 Schermerhorn Extension</b>  <b>New York, NY 10027</b></p> <p style="text-align: right;"><b>Fax # 212.854.7060</b></p>
<p><b>*<u>NAME</u></b></p> <p><i>Last</i>  <input type="checkbox"/> _____</p> <p><i>First</i>  <input type="checkbox"/> _____</p> <p>Affiliation/Organization: _____</p>	<p style="text-align: center;"><b>*<u>BILLING MAILING ADDRESS</u></b></p> <p>Address: _____          _____</p> <p><i>Apt/Suite:</i> _____ <i>City:</i> _____</p> <p><i>State:</i> _____ <i>Zip Code:</i> _____</p>
<p><b><u>EMAIL</u></b></p> <p>_____ @ _____</p> <p><b>*<u>PHONE</u></b></p> <p>(_____) _____</p> <p>*****  <i>Would you like to be on our Events mailing list?</i></p> <p>Electronic Mail <input type="checkbox"/> _____ OR          Postal Mail <input type="checkbox"/> _____</p> <p style="text-align: center;"><i>Please check one.</i></p> <p>*****  <u><b>MEMBERSHIP FEE</b></u></p> <p><b>*\$63.00</b></p> <p>1 year membership includes a 1 year subscription to the Institute's journal, <u><b>Souls, A Critical Journal of Black Politics, Culture &amp; Society</b></u>; invitations to private receptions, internal university lecture series and conference sponsored by IRAAS.</p>	<p style="text-align: center;"><b>*<u>PAYMENT TYPE</u></b></p> <p><b><u>CHECK</u></b> <input type="checkbox"/></p> <p><i>Make check payable to: "Columbia University"</i></p> <p><i>In Memo section of check please write:</i>  <b>"IRAAS Membership Fee"</b></p> <p style="text-align: center;">*****  <u><b>CREDIT CARD</b></u></p> <p style="text-align: center;">Please charge my one (1) year membership fee of  <b>\$63.00</b> to credit card below.</p> <p><b><u>AMERICAN EXPRESS</u></b></p> <p><input type="checkbox"/> _____</p> <p><b><u>MASTERCARD</u></b></p> <p><input type="checkbox"/> _____</p> <p><b><u>VISA</u></b></p> <p><input type="checkbox"/> _____</p>
<p><b>For Office Use Only</b></p> <p><b>Membership Effective Date</b></p> <p>_____/_____/_____</p>	<p><b>*Charge Authorization Signature</b></p> <p>_____</p> <p><b>Expiration Date</b> ____/____/_____</p>