



## 2018 Membership Form

Dr.  Prof.  Mr.  Mrs.  Ms.  Other

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Department \_\_\_\_\_

Areas of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> American Literature         | <input type="checkbox"/> British Literature  |
| <input type="checkbox"/> Poetry                      | <input type="checkbox"/> Shakespeare         |
| <input type="checkbox"/> Comparative Literature      | <input type="checkbox"/> The Novel           |
| <input type="checkbox"/> K-12 Education              | <input type="checkbox"/> Classics            |
| <input type="checkbox"/> Creative Writing            | <input type="checkbox"/> Drama               |
| <input type="checkbox"/> Memoir                      | <input type="checkbox"/> Short Fiction       |
| <input type="checkbox"/> Translation                 | <input type="checkbox"/> Canadian Literature |
| <input type="checkbox"/> World Literature in English |  |

Other \_\_\_\_\_

**NOTE: This charge is for a calendar-year membership to ALSCW, which includes a year subscription to *Literary Imagination*.**

### MEMBERSHIP DUES

#### Membership Options

- Regular Membership ..... \$100
- Reduced (students, seniors 70 and over, and members earning less than \$50,000 a year) ..... \$50
- Premium Membership ..... \$150

**We have eliminated the category of joint domestic memberships and now offer two-member households the regular \$100 rate, in return for which they will receive all the benefits provided by a current joint domestic membership—a single copy of our publications and full member privileges for both persons in the household.**

I DO NOT wish to have my contact information released outside of the ALSCW.

I DO NOT wish to have my name published on the ALSCW website, in the ALSCW newsletter, or in ALSCW fundraising reports to recognize my support.

**TOTAL CONTRIBUTION** \_\_\_\_\_

**\$**

I would like to pay by  Visa  Mastercard  Discover  
 American Express  Check\*

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_ / \_\_\_\_\_ **CVV2 NUMBER** \_\_\_\_\_

**AUTHORIZING SIGNATURE** \_\_\_\_\_

If you have any questions about membership enrollment, please contact OUP at  
Tel: +1 919-677-0977 or +1 800-852-7323  
(toll-free in USA/Canada).

Send checks to Oxford University Press, Journals Customer Service Dept., 2001 Evans Rd, Cary, NC 27513. Indicate "membership to ALSCW/subscription to *Literary Imagination*" on memo line.