



ORAL HISTORY ASSOCIATION

## Membership Form

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

### Membership – Calendar year \_\_\_\_\_

- I wish to join or renew as a General Member at the rate of \$100.
- I wish to join or renew as an Emerging/ Independent Practitioner Member at the rate of \$75.
- I wish to join or renew as a Student/Community Practitioner Member at the rate of \$35.
- I wish to join as a Life Member at the rate of \$1,000.

### Member Directory

- I wish to **opt in** to being listed in the Member Directory
- I wish to **opt out** of being listed in the Member Directory

### Oral History Review

*The Oral History Review is published by Routledge, Taylor & Francis. All members have digital access to past and current issues of the OHR through the Membership Portal. However, members will need to opt in to receive a print version of the journal, which will be sent twice a year.*

- I wish to **opt in** to receiving a print version of the OHR twice a year
- I wish to **opt out** to receiving a print version of the OHR twice a year, and only want digital access to the journal.

### Donation

Tax-exempt contributions to the OHA Endowment Fund help support scholarships and special initiatives.

- I wish to donate \$ \_\_\_\_\_ to the OHA Endowment Fund.

### Payment

- Enclosed is my check payable to Oral History Association.

**Mail form to:** Oral History Association, Middle Tennessee State University, P.O. Box 193  
Murfreesboro, TN 37132 **Questions?** Call 615-898-2544 or email [oha@oralhistory.org](mailto:oha@oralhistory.org)