

INSTITUTE FOR
HISTORICAL STUDY

Membership Application

Name (formal): _____

(informal, if different) _____

Mailing address: _____

Email: _____

Home phone: _____ Work or cell: _____

Background: including education, degrees, publications, institutional affiliations, etc.
(and/or enclose a CV or resume).

Current history-related scholarship, interests, and/or activities:

How you might contribute:

- | | |
|---|---|
| <input type="checkbox"/> host a meeting | <input type="checkbox"/> join a study group: CA and the West, |
| <input type="checkbox"/> give a talk | Medieval, Play Readers, Writers (circle) |
| <input type="checkbox"/> serve on a committee or task force | <input type="checkbox"/> start a new study group (on what?) |

Any additional comments? _____

How did you learn about the Institute? _____

Please mail application and \$40 check for annual dues to:

Membership Chair Institute for Historical Study PO Box 5743 Berkeley, CA 94705
