



APPLICATION FOR INSTITUTIONAL MEMBERSHIP (2017-2018)

Submit via email at ajaasmn@gmail.com

Complete payment via PayPal at

<https://www.paypal.me/AJAASMN>

OR

Make a check payable to:

AJAAS MN

(for: AJAAS Membership)

3107 Elliot Ave.

Minneapolis, MN 55407

Institution/Organization _____

Department/Program/Center Name _____

Chair/Director Name _____

Chair/Director Email _____

Office/Support Staff Contact Name _____

Contact Email _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____ Country _____

Email _____

Office Phone _____ Office Fax _____

Department/Organization URL _____

Department/Programs

Which type of degrees does your program grant? (choose all that apply)

Ph.D. M.A. B.A./B.S. A.A. Minor

Certificate Specialization

Specializations _____

APPLICATION TYPE

Academic Institution

Community

Center/Non-profit
membership

Other _____

MEMBERSHIP

INCLUDES

Includes (a) official recognition of membership in programming for conference, (b) free tabling at conference, (c) link to your institution from AJAAS website members page, (d) complimentary related employment listings on website/listserv, (f) participation in online discussion forum/listserv, (g) copies of AJAAS newsletter.

MEMBERSHIP DUES

Academic Institution
\$300

Community
Center/Non-profit
membership \$150

CONTRIBUTE

*Support AJAAS 2017
Conference*

\$50

\$100

other _____

AMOUNT OF

PAYMENT

\$ _____ Dues

\$ _____ Donation

\$ _____ Total Payment

Support AJAAS's commitment nurturing queer Latina/o, Chicana/o culture through practices that recognize the intimate relations of art, activism and scholarship. Your contributions, large and small, are greatly appreciated!

**THANK YOU FOR YOUR
MEMBERSHIP!**