



Member No. _____

Application for Membership

PLEASE PRINT OR TYPE

Title (check one): Dr. Mr. Mrs. Ms. Other

First Name: _____ Last Name: _____

School/Institution Name: _____

School/Institution Address: _____

City State/Province ZIP/Postal Code Country: _____

Home Address: _____

City State/Province ZIP/Postal Code Country : _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ E-Mail: _____

Payment in US dollars is enclosed:

- \$75.00 (regular individual membership, expires 31 March 2014)
- \$35.00 (student membership, expires 31 March 2014)

Student members only:

School/Institution Name: _____

Major field: _____ Advisor Name: _____

Expected degree: _____ Year of expected graduation: _____

**c/o Daryl R. Hague, Ph.D., Secretary-Treasurer
Dept. of Spanish and Portuguese, 3190 JFSB
Brigham Young University, Provo, Utah 84602
daryl_hague@byu.edu, Ph: (801) 422-2005 Fax: (801) 422-0628**

You will receive a confirmation of receipt by e-mail. Please contact the Secretary-Treasurer if you have any questions or comments.