



Membership Renewal Form for 2017

Please use this form for Individual Membership Renewals of The Association for Symbolic Logic. Please send it to ASL Membership Office, Cambridge University Press, Attn: Nichole Kelly, 1 Liberty Plaza, New York, NY 10006
Email: USmemberservices@cambridge.org

Check/Credit/Debit Card Form for

Regular/Student/Outreach/Retired/Emeritus/Unemployed Membership Renewal

DETAILS OF APPLICANT *(Please Complete in Block Capitals or Print)*

Title: _____ First name: _____ Middle Initial: _____ Family Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

CITY/STATE: _____

Zip/Postcode: _____ Country: _____

Telephone (inc. country code and area code): _____

Fax (inc. country code and area code): _____

Email: _____

Member contact information is listed in the print and online versions of the ASL membership list in The Bulletin of Symbolic Logic, and at http://www.aslonline.org/search_members.htm.

☐ Please check this box if you do NOT wish to be included in the print and online versions of the membership list. The ASL Newsletter will be sent by email to all members for whom the ASL has email addresses and who do not specifically request to be sent the printed version.

☐ Please check this box if you DO NOT wish to receive the ASL Newsletter by EMAIL.

Please see overleaf for membership options, make your choice and fill in payment details below. If you are nominated for membership during 2017 by an Institutional Member of the ASL, you need not pay any dues; check with your Department Chair to see if this is the case.

PAYMENT

☐ Check (payable to Cambridge University Press) ☐ Credit/Debit Card (fill details out below)

Card Type (MasterCard, VISA, JCB or AmEx): _____ Expiry Date (month/year): _____

Start Date (month/year), if applicable: _____ Issue Number, if applicable: _____

Your Name as it Appears on Card: _____

Card Number: _____

Security Code: _____ (3-digit code printed on reverse of card)

Total Amount (including currency) from overleaf: _____

Signature: _____

Please scan and email, or if unable, post, both pages of this renewal to the ASL Membership Office (address at top of form). Membership runs from January to December. You will receive an automated confirmation of your payment via email within 14 days. If you have not heard back from us within 14 days of submitting the form, please contact the Membership Office.



OPTIONS FOR 2017 MEMBERSHIP RENEWALS

NEW. Members can now choose either how they'd like to receive copies of JSL/BSL/RSL

- ☐ Please check this box if you require paper copies of all three journals in addition to electronic access.
- ☐ Please check this box if you do **not** wish to receive paper copies of RSL and JSL, but only require electronic access.
- You will continue to receive paper copies of BSL even if you choose this option.

Membership Fees and Contributions for 2017; please check appropriate box

	Number of Years	US Dollars (\$)	Sterling (£)	Euros
Regular membership	1 year 2 years 3 years 4 years 5 years	<input type="checkbox"/> 94 <input type="checkbox"/> 188 <input type="checkbox"/> 282 <input type="checkbox"/> 376 <input type="checkbox"/> 470	<input type="checkbox"/> 78 <input type="checkbox"/> 157 <input type="checkbox"/> 235 <input type="checkbox"/> 313 <input type="checkbox"/> 392	<input type="checkbox"/> 85 <input type="checkbox"/> 171 <input type="checkbox"/> 257 <input type="checkbox"/> 342 <input type="checkbox"/> 428
Emeritus Membership (Please sign below to certify that you are retired and have been an ASL member for at least 15 years.)	1 year 2 years 3 years 4 years 5 years	<input type="checkbox"/> 47 <input type="checkbox"/> 94 <input type="checkbox"/> 141 <input type="checkbox"/> 188 <input type="checkbox"/> 235	<input type="checkbox"/> 39 <input type="checkbox"/> 78 <input type="checkbox"/> 118 <input type="checkbox"/> 157 <input type="checkbox"/> 196	<input type="checkbox"/> 43 <input type="checkbox"/> 85 <input type="checkbox"/> 128 <input type="checkbox"/> 171 <input type="checkbox"/> 214
Student Membership (Please sign below to certify you are an enrolled student for an advanced degree, and give name of your University.)	1 year	<input type="checkbox"/> 47	<input type="checkbox"/> 39	<input type="checkbox"/> 43
Retired Membership (Requires ASL membership for at least 20 years; does not include journal subscriptions.)	1 year	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Outreach Membership (In order to renew your Outreach Membership, you must reside in a country whose economy is classified as 'upper middle income' or below on the World Bank's annual list for four of five preceding years. To check the current annual list, visit: http://aslonline.org/world-bankeconomics.html .)	1 year	<input type="checkbox"/> 18	<input type="checkbox"/> 15	<input type="checkbox"/> 16
Unemployed Membership (Please sign below to certify that you are currently unemployed and actively seeking employment, and to confirm that your unemployment status is not due to voluntary resignation or because of retirement from your previous position.)	1 year	<input type="checkbox"/> 47	<input type="checkbox"/> 39	<input type="checkbox"/> 43
Voluntary Contributions General. Please state amount				
Voluntary Contribution Karp Prize Fund (research). Please state amount.				
Voluntary Contribution Outreach Individual Membership Fund. Please state amount.				
Voluntary Contribution Sacks Prize Fund (PhD Theses). Please state amount.				
Voluntary Contribution Shoenfield Prize Fund (expository writing). Please state amount.				
Total:				

Please circle as appropriate.

I am applying for Emeritus/ Unemployed/ Student membership, signed: _____

For student renewals, please give University: _____