FULL INSTITUTIONAL MEMBERSHIP PRIVILEGE FORM

Name of Institution:		Check if Outreach: \square		
Mailing Address:				
Journal Shipping Address	(if different from mailing):			
Name of Institution Conta	act Person:			
Email Address:	Phone:			
Select a total of 4 privileg	ges from the options listed belov	v. Each checked box counts as a privilege selection.		
(1) Select <u>AT MOST 2</u> s	ubscriptions:			
☐ Print Subscript ☐ Online Subscri	ions to 2021 <i>JSL</i> and 2021 <i>BSL</i> ion to 2021 <i>RSL</i> ptions to 2021 <i>JSL</i> and 2021 <i>BS</i> ption to 2021 <i>RSL</i>			
(2) Select AT MOST 2 a	dd-ons:			
	*	the format (print/online) not chosen above at (print/online) not chosen above		
` /	nation for 3 student members o ected more than once (i.e. select	or 1 regular member ing it twice allows the nomination of 6 student members).		
*Each nominee, even tho	se who are already ASL member	rs, <u>must</u> complete one of the enclosed nomination forms.		
Student member names	(if applicable):			
□ (1)	(2)	(3)		
□ (1)	(2)	(3)		
□ (1)	(2)	(3)		
□ (1)	(2)	(3)		
	(if applicable):			
(4) Select <u>1</u> back volume	year. This item may be selected	more than once.		
	2020 of <i>JSL</i> and corresponding 020 of <i>BSL</i> are available:	Volumes from 2008 to 2020 of <i>RSL</i> are available: ☐ Year: ☐ Year: ☐ Year: ☐ Year: ☐ Year:		