BASIC INSTITUTIONAL MEMBERSHIP PRIVILEGE FORM

Name of Institution:		Check if Outreach:
Mailing Address:		
Journal Shipping Address	s (if different from mailing):	
Name of Institution Conta	act Person:	
Email Address:		Phone:
Select a total of 3 priviles	ges from the options listed below.	Each checked box counts as a privilege selection.
(1) Select <u>AT MOST 1</u> s	ubscription:	
☐ Print Subscript☐ Online Subscri	ions to 2024 <i>JSL</i> and 2024 <i>BSL</i> ion to 2024 <i>RSL</i> ptions to 2024 <i>JSL</i> and 2024 <i>BSL</i> ption to 2024 <i>RSL</i>	•
(2) Select AT MOST 1 a	dd-on:	
	subscription to JSL and BSL in the subscription to RSL in the format	e format (print/online) not chosen above (print/online) not chosen above
• •	nation for 3 student members or a sected more than once (i.e. selecting	1 regular member g it twice allows the nomination of 6 student members).
*Each nominee, even tho	se who are already ASL members	, <u>must</u> complete one of the enclosed nomination forms.
Student member names	(if applicable):	
□ (1)	(2)	(3)
□ (1)	(2)	(3)
□ (1)	(2)	(3)
Regular member names	(if applicable):	
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(4) Select <u>1</u> back volume	year. This item may be selected m	ore than once.
	2023 of <i>JSL</i> and corresponding 2023 of <i>BSL</i> are available:	Volumes from 2008 to 2023 of <i>RSL</i> are available: ☐ Year: ☐ Year: ☐ Year: