Association for Symbolic Logic Membership Renewal Form (£)

Instructions for completing this form:

- 1. Please confirm that your personal information (email, mailing address) is up to date and complete, including zip code and country. This is essential for the ASL to remain an efficient international organization and to ensure that its members are kept informed of ASL announcements and benefits.
- 2. Be sure to read through the benefit selections thoroughly and clearly mark your choices.
- 3. For payment purposes:
 - a. <u>Check</u>: Make the check payable to *Cambridge University Press*. Enclose it with your completed form and mail it to CUP.
 - b. <u>Credit Card</u>: Confirm that all the information is correct, including credit card number, expiration date, security code, and billing address. You may email or mail the form to CUP.

Cambridge University Press Email Address: usmemberservices@cambridge.org

Cambridge Mailing Address (USA):

Cambridge University Press
Customer Services/Membership Services
One Liberty Plaza
New York, NY
10006, USA
800-872-7423, option 1, then option 2 toll free

Cambridge Mailing Address (UK):

Cambridge University Press
Customer Services/Membership Services
Shaftesbury Road
Cambridge CB2 8BS
United Kingdom
+44 (0) 1223 326085

Personal Information

Name	Email Address
Member ID (if known):	Mailing Address
Benefit Selection	
ASL member contact information is listed in	an online directory, which is <u>publically available</u> .
☐ Check here to be <u>included</u> in the online	membership list.
The ASL Newsletter, which is sent out four to announcements. Please select how you would	imes a year, provides ASL members with important updates and like to receive the ASL Newsletter:
☐ I wish to receive the ASL Newsletter by ☐ I wish to receive the ASL Newsletter by ☐	
ALL MEMBERS receive online access to t Select how you would like to receive your co	
☐ I would like all journals online ONLY . ☐ I would like all journals in BOTH print a ☐ I would like all journals online and IN AI ☐ JSL ☐ BSL ☐ RSL	nd online. DDITION, the following in print (select one or two):

Membership Options and Voluntary Contributions

Please check the appropriate box.

TYPE OF MEMBERSHIP		YEARS	PRICE
		□ 1 year □ 5 years	£82 £410
Emeritus Membership: Sign below to certify that you are retired and have been an ASL member for at least 15 years. □ 1 year □ 5 years		£43 £215	
Student Membership: Sign below to certify you are an enrolled student for an advanced degree and give the name of your university.			£43
Retired Membership: Sign below to certify that you are retired and have been an ASL member for at least 20 years; does not include journal subscriptions. □ 1 year		FREE	
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 list, visit: https://aslonline.org/membership/world-bank-list		£15	
Unemployed Membership: Sign below to certify that you are current actively seeking employment, and to confirm that your unemployment voluntary resignation or because of retirement from your previous po	nt status is not due to	□ 1 year	£43
Amount of voluntary contribution to the General Fund:			£
Amount of voluntary contribution to the Karp Prize Fund:			£
Amount of voluntary contribution to the Outreach Individual Membership Fund:			£
Amount of voluntary contribution to the Sacks Prize Fund:			£
Amount of voluntary contribution to the Shoenfield Prize Fund:			£
Total:			£
I am applying for Emeritus/Retired/ Unemployed/Student member (Student renewals) University name: Payment (Visa, MasterCard, American Express, or check):	rship, signed:		
☐ I have enclosed a check (made payable to <i>Cambridge University</i>	Press), for the sum of £		
☐ I wish to pay by credit card, the sum of £ and I will (select one):			
☐ Fill out and email this form to CUP's email address (about ☐ Fill out and mail this form to CUP's mailing address (about ☐ Fill out and mail this form to CUP's mailing address (about ☐ Fill out and mail this form to CUP's mailing address (about ☐ Fill out and mail this form to CUP's mailing address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email address (about ☐ Fill out and mail this form to CUP's email for fill out and fill o			
Billing name as it appears on credit card			
Credit Card Number Exp	piration Date	CVN*	
Billing Address	(*3 or 4 digit cod	te on back or	tront of credit card
City, State, Zip/Postal Code, Country			
Signature			

^{*}Student Members: To complete your application, your thesis supervisor MUST email asl@uconn.edu to certify that you are currently enrolled as a student or candidate for an advanced degree at a university.