

Association for Symbolic Logic Membership Renewal Form (US\$)

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. Check: Make the check payable to *Cambridge University Press*. Enclose it with your completed form and mail it to CUP.
 - b. Credit Card: 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 publically available.

Check here to be **included** in the online membership list.

The ASL Newsletter, which is sent out four times a year, provides ASL members with important updates and announcements. Please select how you would like to receive the ASL Newsletter:

- I wish to receive the ASL Newsletter by EMAIL.
- I wish to receive the ASL Newsletter by POSTAL MAIL.

ALL MEMBERS receive online access to the ASL's journals (JSL, RSL, and BSL).

Select how you would like to receive your copies:

- I would like all journals **online ONLY**.
- I would like all journals in **BOTH print and online**.
- I would like all journals **online and IN ADDITION, the following in print (select one or two)**:
- JSL
 - BSL
 - RSL

Membership Options and Voluntary Contributions

Please check the appropriate box.

TYPE OF MEMBERSHIP	YEARS	PRICE
Regular Membership	<input type="checkbox"/> 1 year <input type="checkbox"/> 5 years	\$108 \$540
Emeritus Membership: Sign below to certify that you are retired and have been an ASL member for at least 15 years.	<input type="checkbox"/> 1 year <input type="checkbox"/> 5 years	\$54 \$270
Student Membership: Sign below to certify you are an enrolled student for an advanced degree and give the name of your university.	<input type="checkbox"/> 1 year	\$54
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.	<input type="checkbox"/> 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	<input type="checkbox"/> 1 year	\$18
Unemployed Membership: 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.	<input type="checkbox"/> 1 year	\$54
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 membership, signed: _____

(Student renewals) University name: _____

Payment (Visa, MasterCard, American Express, or check):

I have enclosed a check (made payable to **Cambridge University 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 (above)

Fill out and mail this form to CUP's mailing address (above)

Billing name as it appears on credit card _____

Credit Card Number _____ Expiration Date _____ CVN* _____

(*3 or 4 digit code on back or front of credit card)

Billing Address _____

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.