FULL INSTITUTIONAL MEMBERSHIP PRIVILEGE FORM

Name of Institution: _____Check if Outreach: ☐

Mailing Address: _____

Journal Shipping Address (if different from mailing): _____

Name of Institution Contact Person: _____

Email Address: _____ Phone: _____

Select a total of 4 privileges from the options listed below. Each checked box counts as a privilege selection.

(1) Select **AT MOST 2** subscriptions:

- ☐ Print Subscriptions to 2027 ***JSL*** and 2027 ***BSL***
- ☐ Print Subscription to 2027 ***RSL***
- ☐ Online Subscriptions to 2027 ***JSL*** and 2027 ***BSL***
- ☐ Online Subscription to 2027 ***RSL***

(2) Select **AT MOST 2** add-ons:

- ☐ 2027 "add-on" subscription to *JSL* and *BSL* in the format (print/online) not chosen above
- ☐ 2027 "add-on" subscription to *RSL* in the format (print/online) not chosen above

(3) One selection **=** nomination for **3 student members** or **1 regular member**
This privilege may be selected more than once (i.e. selecting it twice allows the nomination of 6 student members).

*Each nominee, even those who are already ASL members, **must** complete one of the enclosed nomination forms.

Student member names (if applicable):

☐ (1) _____ (2) _____ (3) _____

☐ (1) _____ (2) _____ (3) _____

☐ (1) _____ (2) _____ (3) _____

☐ (1) _____ (2) _____ (3) _____

Regular member names (if applicable):

☐ _____
☐ _____
☐ _____
☐ _____

(4) Select **1** back volume year. *This item may be selected more than once.*

Volumes from 1936 to 2026 of *JSL* and corresponding volumes from 1995 to 2026 of *BSL* are available:
☐ Year: _____
☐ Year: _____
☐ Year: _____
☐ Year: _____

Volumes from 2008 to 2026 of *RSL* are available:
☐ Year: _____
☐ Year: _____
☐ Year: _____
☐ Year: _____