



ORAL HISTORY ASSOCIATION

Membership Form

Name _____

Organization _____

Mailing address: _____

City _____ State/Province _____ Postal Code _____

Email address _____ Phone _____

Membership – Calendar year _____

- I wish to join or renew as a General Member at the rate of \$100.
- I wish to join or renew as an Emerging/ Independent Practitioner Member at the rate of \$75.
- I wish to join or renew as a Student/Community Practitioner Member at the rate of \$35.
- I wish to join as a Life Member at the rate of \$1,000.

Member Directory

- I wish to **opt in** to being listed in the Member Directory
- I wish to **opt out** of being listed in the Member Directory

Oral History Review

The Oral History Review is published by Routledge, Taylor & Francis. All members have digital access to past and current issues of the OHR through the Membership Portal. However, members will need to opt in to receive a print version of the journal, which will be sent twice a year.

- I wish to **opt in** to receiving a print version of the OHR twice a year
- I wish to **opt out** to receiving a print version of the OHR twice a year, and only want digital access to the journal.

Donation

Tax-exempt contributions to the OHA Endowment Fund help support scholarships and special initiatives.

- I wish to donate \$ _____ to the OHA Endowment Fund.

Payment

- Enclosed is my check payable to Oral History Association.

Mail form to: Oral History Association, One Bear Place #97176, Waco, TX 76798-7176

Or

Email form to: oha@oralhistory.org

Questions? Call 615-624-2688 or email oha@oralhistory.org