

\_\_\_\_\_mem \_\_\_\_\_pre-reg

**COLLEGE LANGUAGE ASSOCIATION January 2018-December 2018 MEMBERSHIP INVOICE**

Tax ID#: 22-2769408

**Date:** \_\_\_\_\_ **\*\*LIFE Members USE THIS FORM for DONATIONS\*\***

\_\_\_\_\_ New  **2018 MEMBER DUES** Renewal

Type	Fee	Type	Fee	Type	Fee
<input type="checkbox"/> Regular	\$90.00	<input type="checkbox"/> Life*	\$1000.00	<input type="checkbox"/> Retiree	\$55.00
<input type="checkbox"/> Student	\$55.00	<input type="checkbox"/> Institutional	\$200.00	<input type="checkbox"/> Retiree (with CLA JOURNAL)	\$55.00

\* Life payments must be made in 4 consecutive installments of \$250.00.

Check # \_\_\_\_\_ Check total \_\_\_\_\_ [Convention Pre-registration:  \$140 Regular  \$125 Student/Retiree]  
Please make checks/money orders payable to CLA.

- My Donation: \$ \_\_\_\_\_
- Gloster Endowed Scholarship Fund
  - Caroll Mills Young Study Abroad Scholarship
  - Margaret Walker Creative Writing Contest
  - Daryl C. Dance CLA Lifetime Achievement Award
  - First-Time Attendee Fee Waiver Fund

**MEMBER INFORMATION**

Preferred Professional Title:  Dr.  Prof.  Ms.  Mr.  Mrs.  None

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home  Cell  : \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

Pay by Visa, Mastercard, or Discover. Please complete All the following:

Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Billing Zip Code for card \_\_\_\_\_ Phone contact for card holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Payments may be made electronically by PAYPAL at: [www.clascholars.org](http://www.clascholars.org)  
All mail payments should be sent to: Dr. Elizabeth West, CLA Treasurer  
P.O. Box 453  
Stone Mountain, GA 30086

Email: [treasurer@clascholars.org](mailto:treasurer@clascholars.org)