

_____mem _____pre-reg

COLLEGE LANGUAGE ASSOCIATION Annual January - December MEMBERSHIP INVOICE

Tax ID#: 22-2769408

Date: _____ ****LIFE Members USE THIS FORM for DONATIONS****

_____ New **ANNUAL 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
All mail payments should be sent to: Dr. Elizabeth West, CLA Treasurer
P.O. Box 453
Stone Mountain, GA 30086

Email: treasurer@clascholars.org