



MEMBERSHIP/RENEWAL FORM

All prospective members of AERN are required to complete this registration form.

Indicate any changes; Membership runs from July 1st-June 30th.

NEW MEMBERSHIP

RENEWAL

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		
NAME			
ADDRESS 1		MAIN TELEPHONE	
ADDRESS 2		WORK TELEPHONE (if different)	
ADDRESS 3		HOME TELEPHONE	
TOWN/CITY		MOBILE PHONE	
ZIP CODE		PRIMARY EMAIL	
JOB TITLE:		SECONDARY EMAIL	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
STUDENT/RETIRED	Individual students (Proof of student status required) are those who are currently enrolled as students in an academic institution. Or Retired member.	\$50.00	
PROFESSIONAL/SCHOLAR	Professional/scholar members are those who are currently working as professionals, scholars, or faculty at an educational institution.	\$100.00	
INSTITUTIONAL	Institutional members consist of institutions affiliated with AERN, but not involved in the daily operations. Institutional members pay an annual membership due of \$1,000.00, through a senior representative of such institution.	\$1,000.00	
MANAGEMENT INSTITUTIONAL	Management institutional members are institutions that are actively involved in the executive management of AERN daily operations. Management institutional members will contribute an annual membership due of US\$2,500 to the cover the administrative and logistic operations of the Secretariat.	US\$2,500.00	
	For Membership descriptions see website www.africanresearch.org		
PAYMENT METHOD	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment		

SECTION 3: MEMBER INFORMATION

MEMBER NAME/REPRESENTATIVE:
Member AERN: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive AERN membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you subscribe to the AERN listserv? Yes <input type="checkbox"/> or No <input type="checkbox"/> If no, would you want to be subscribed? (provide e-mail address if not listed)
Please indicate if you would be willing to serve on a committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time Is there a specific committee you would like to serve on?
Permission to use photographic images: Photographs of AERN members may be used in various AERN communications incl. the newsletter and website. Group photographs taken at AERN events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ AERN has my permission to use and identify photographs of me. _____ AERN does not have permission to use and identify photographs of me.

Date: _____

To pay online: Go to www.africanresearch.org

To pay by check: Send a check made payable to AERN, C/O Dr. Connie Patterson Ohio University, McCracken Hall 102F, Athens, OH. 45701.

Regardless of payment method used, please **make sure to send a copy of your membership form** to jeanfran@ohio.edu