Membership Form

Please check the appropriate category:

___ Membership renewal
___ New member

Date: ________________________
Title: ________________________
First name: ________________________
Last name: ________________________
Street Address 1: ______________________________________________________________________
Street Address 2: ______________________________________________________________________
City, State, Zip Code: ______________________________________________________________________
Preferred email address: ______________________________________________________________
Institutional affiliation (if any): _____________________________________________________
Areas of scholarly interest: ______________________________________________________________

Please select the appropriate level: 
First-Year Faculty Professional ($0) $_____
Professional ($25) $_____
Student ($10) $_____
Professional w/OHS Membership ($75) $_____
Student w/ OHS Membership ($60) $_____

Do wish to contribute to the Ohio Academy?
Endowment $_____
Junior Faculty Research Fund $_____

Total amount: $_____
(please make checks payable to Ohio Academy of History)

Please mail completed the completed form to:
Ohio Academy of History
c/o Ohio Historical Society
800 East 17th Avenue
Columbus, OH 43211