



association for laboratory phonology

Application for membership in the Association for Laboratory Phonology

Provide the following information (*means required information) in an e-mail to the Association Administrator (admin@labphon.org) with the subject heading "Membership application" or fill in the form and attach it to such an e-mail. Please specify whether you will be paying the membership fees by check or by wire transfer. The Administrator will respond with information about where to send the fees and provide an initial password.

*Membership form for (check one): New membership Renewal

*Username: (use only alphanumeric characters) _____

Title / salutation: _____ *Family name: _____

*Given name(s): _____ *Address: _____

Address (line 2) _____ Address (line 3) _____

*Town: _____ State/Province: _____

*Zip/Post code: _____ *Country: _____

Telephone number: _____ *E-mail: _____

*Membership type (check one and provide the relevant additional information):

Full member (\$210 for 2 years) check one of the options below

I { would | would not } be willing to serve on the Executive Council if nominated / elected.

Student member (\$80 for 2 years) contact information for supervisor / advisor

*E-mail _____ Name _____