

COORDINATING COUNCIL FOR WOMEN IN HISTORY (CCWH) MEMBERSHIP FORM

This is a: 1)_____new 2)_____renewal 3)_____gift membership.

Name _____

Mailing Address (include city, state, zip) _____

(Circle one) This is a HOME or WORK address For renewals: this is an updated address YES or NO

Phone (Home) _____ (Work) _____

E-mail address _____

Current Institution and/or Affiliation, if applicable _____

Current Department and /or Position _____

Research and/or Teaching Fields (up to 3) _____

(Please Circle YES or NO)

Send the newsletter as an email rather than a print copy YES or NO

I would like to receive email from the organizational email list YES or NO

| Membership Level (Circle One) | Fees |
|---|-------------|
| Income over 75,000 | \$75 |
| Full Time Employed | \$50 |
| Part-Time, Retired, Independent Scholar | \$20 |
| (Specify which below) | |
| Graduate Student | \$20 |
| Institutional Membership | \$50 |

My membership level is _____

| Donations | Amount |
|--------------------------------|---------------|
| Graduate Student Awards | \$ _____ |
| CCWH Catherine Prelinger Award | \$ _____ |
| National History Day Prize | \$ _____ |
| Other | \$ _____ |

Make checks payable to CCWH.

As of January 2009, membership in the CCWH runs on a calendar year. Dues are due December 31.

Please send form and with payment in U.S. funds to:
CCWH, 3242 Petaluma Avenue, Long Beach, CA, 90808-4249

___ I am willing to serve on CCWH committees or the CCWH Board.