

# American Printing History Association

## To Encourage the Study of Printing History Membership Application

### Fine Print

The American Printing History Association is a section 501(c) (3) organization. APHA has determined that membership dues are partially tax deductible as a charitable contribution, to the extent of the excess of the amount paid over the value of goods or services provided, as follows: Benefactor (\$460), Sustaining (\$160), Contributing (\$60), and Individual (\$10). Regional chapter dues and additional optional contributions are fully deductible.

If not charging a credit card, foreign members must remit in U.S. dollars through American banks, or by international money orders or travelers' checks in U.S. dollars.

### Applicant Details

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE (*will not be published*) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Check here if renewing your membership

Gift membership

### Dues and Fees

NATIONAL DUES (*select one*)

Individual membership, \$50

Institutional membership, \$75

Contributing membership, \$100

Sustaining membership, \$200

Benefactor membership, \$500

Student membership, \$20

*Send evidence of student status  
with payment.*

LOCAL CHAPTER DUES (*optional*)

New York, \$15

Upstate New York, \$15

New England, \$15

Chesapeake, \$15

Inland, \$15

Southern California, \$15

Northern California, \$15

OPTIONAL CONTRIBUTIONS

Unrestricted \$ \_\_\_\_\_

MSL Fellowship Fund \$ \_\_\_\_\_

Lieberman Lecture Fund \$ \_\_\_\_\_

Publications Fund \$ \_\_\_\_\_

General Endowment \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Membership is on a calendar year basis and members receive all journals and newsletters for the year in which they join. National membership is a prerequisite to chapter membership. Outside the United States, please add \$10 to the amounts listed above.

### Credit Card Information

My check enclosed (*payable to APHA*).

Charge my Visa/Mastercard

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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