

# 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 (\$210), Contributing (\$90), and Individual (\$20). 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 U.S. banks, or by international money orders or travelers' checks in U.S. dollars.

POST OFFICE BOX 4519  
GRAND CENTRAL STATION  
NEW YORK, NY 10163  
[printinghistory.org](http://printinghistory.org)

## 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TELEPHONE (will not be published)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, \$60  
☐ Institutional membership, \$100  
☐ Contributing membership, \$130  
☐ Sustaining membership, \$250  
☐ Benefactor membership, \$500  
☐ Student membership, \$30

*Send evidence of student status  
with payment.*

### LOCAL CHAPTER DUES (optional)

- ☐ New York, \$15  
☐ Upstate New York, \$15  
☐ New England, \$15  
☐ Chesapeake, \$15  
☐ Ohio River Valley, \$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