



ARSTM Membership Registration Form

Name

Mailing address

Institution

Department (if applicable)

Phone number

E-mail

Annual Membership

Student Membership | \$10.00

Faculty/Practitioner Membership | \$25.00

Optional Donation

I would like to donate this amount
to ARSTM to defray costs of
conferences and mailings:

Payment

I will pay online using PayPal. (Link at arstmonline.org.)

I will mail a check. (Payable to "ARSTM" and sent to treasurer mailing address below.)

Mail your completed form to Adele Hite, ARSTM Treasurer at

treasurer@arstmonline.org

or

4146 Deep Wood Circle
Durham, NC 27707