



Application for Membership

Name: _____

Address: _____
(please provide institutional address unless you wish mail to be sent to your home)

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

E-Mail Address: _____

Telephone: _____

Institutional Affiliation: _____

Department: _____

Membership Fees

Please check one of the following categories:

- | | |
|---|------|
| <input type="checkbox"/> Student, Post-doctoral Fellow, or Part-Time Faculty Member | \$15 |
| <input type="checkbox"/> Regular, Full-Time, Independent or Retired | \$30 |
| <input type="checkbox"/> Institutional | \$50 |

Membership runs from 1 January to 31 December.

Donations

We welcome donations that will help this new association to develop. If you would like to contribute to the growth of ARCYP please indicate the amount: \$_____

Total Amount Enclosed: \$_____

Do you want to be on the ARCYP e-mail listserv? Yes No

Please return the completed Membership Form along with a **cheque payable to YORK UNIVERSITY (feel free to put "ARCYP Dues" on the memo line of your cheque)** to:

ARCYP,
PO Box B7, Vanier College, Department of Humanities,
York University, 4700 Keele Street
Toronto, Ontario M3J 1P3 Canada