

Institutional Membership Form
Academic Year 2010-2011

Institution: _____

Department: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Person: _____

Telephone: _____

E-mail: _____

Please check one:

Membership for institutions offering a Ph.D. in Classics \$100 _____

or

Membership for K-12 schools or institutions offering
a B.A. or M.A. in Classics \$50 _____

NOTE: If your institution opts to give two additional student awards (\$25 each), payment for them is due at the same time the Student Award Designation Form is submitted no later than May 1, 2011.

Please mail this form along with payment of \$50 or \$100
by March 1, 2011, to the following address:

CAMWS, Dept. of Classics
St. Olaf College
1520 St. Olaf Ave.
Northfield, MN 55057-1098
Telephone: 507-786-3238; Fax: 507-786-3732
E-mail: newlands@stolaf.edu

Payment by credit card is possible through the CAMWS web site:
<http://www.camws.org/membership/institutionform.php>.