

# ASSOCIATION OF GRADUATE LIBERAL STUDIES PROGRAMS

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## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe your interest in Individual Membership in the AGLSP.

Submit application and payment to:

AGLSP Office  
c/o Duke University  
Box 90095  
Durham, NC 27708-0095  
or fax: 919-681-8905

Payment \$40 USD: <input type="checkbox"/> Check, payable to AGLSP	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
_____	_____	_____
account number	expiration date	
_____		
signature		

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For office use:  
Rec'd \_\_\_\_\_ LS \_\_\_\_\_ Web \_\_\_\_\_ JGLS \_\_\_\_\_  
DB \_\_\_\_\_ Ltr \_\_\_\_\_ Log \_\_\_\_\_