2014–2015 Membership Form

Adventist Society for Religious Studies

Last Name ___________________________________________ First Name ___________________________________________

Mailing Address _______________________________________________________________________________________

City __________________________ State ______ Postal Code ___________ Country ___________________________

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Place an "X" on the line that best defines your present position.

___ Student ____ Instructor ____ Assistant Professor ____ Associate Professor ___ Professor

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Institution or Organization ________________________________

Academic Field of Interest ________________________________

November 2014 to October 2015 Membership Dues/Fees (US Funds) $30.00

Send Check or money order (no cash) along with a completed membership form to:

Ernest Furness
Southeastern California Conference
PO Box 79990
Riverside, California 92513-1990

Make checks payable to:
Adventist Society for Religious Studies