National Humanities Alliance

Membership Application

Member Information

Please indicate desired Membership Type: ☐ Active ($1000 minimum dues*)
☐ Associate ($500 minimum dues*)

Organization Name:

_____

Description: Tax Status: ☐ 501 (c)(3) non-profit association

_____

_____

_____

Web Site Address: _____

Note: Membership in the National Humanities Alliance is open to organizations and institutions that sponsor or support individual scholars, programs of study in the humanities, and/or other activities in the humanities. Membership in NHA is limited to organizations that are exempt from federal taxation under section 501 (c)(3) of the Internal Revenue Code.

Contact Information

_____
Primary Contact for Member Correspondence

_____
Title/Role within Organization

_____
Company

_____
Mailing Address Line 1

_____
Mailing Address Line 2

_____ _____ _____
City State Zip

_____ _____
Phone Fax

_____
Email Address

* **Minimum dues levels valid through 12/31/02.**

(Over)

rev. 5/02

Membership Application (Cont.)

Payment Information

Method of payment* (check one): ☐ Payment included with application $ _____ (amount)

☐ Payment to be mailed separately $ _____ (amount)

Please make check payable to:

National Humanities Alliance
21 Dupont Circle NW, Suite 604
Washington, DC 20036
Tel: 202-296-4994 • Fax: 202-872-0884

This application was authorized by:

_____
Name

_____
Title/Role within Organization

_____
Date

* We are sorry, but credit card payment is not available at this time.

Additional Information (optional)

Please use the space below to list additional contacts, description information, or other notes on your organization. Prospective members are encouraged to include organization publications, brochures or other materials that may be of interest.

Thank you!

rev. 5/02