

Please print the Application for Membership form and then fill it out and send a hard copy by mail with your check (made out to AABS) for the appropriate amount to:

AABS Executive Office
14743 Braemar Crescent Way
Darnestown MD, 20878-3911 USA

APPLICATION FOR MEMBERSHIP

Please type or print carefully in block letters.

Name _____
Dr. Mr. Mrs. Ms. (Last Name) First Name Initial

Number and Street

City, State, and Zip Code

Telephone _____ Fax _____

E-mail _____

Check type of membership desired (annual dues in US Funds in parentheses):

<input type="checkbox"/> student (\$25.00)	<input type="checkbox"/> emeritus (retired, \$35.00)	<input type="checkbox"/> regular (\$60.00)
<input type="checkbox"/> sponsor (\$100.00)	<input type="checkbox"/> patron (\$100.00)	<input type="checkbox"/> life (\$2,000.00)

Baltic resident only: - regular (\$25.00)

Membership in the AABS is open to anyone wishing to support the endeavors of the Association. Persons joining the AABS should agree with the scholarly purpose of the Association, but need not be engaged in scholarly work.

Signature: _____	Date: _____
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If you are educator or scholar in Baltic studies, or related areas, please provide the following information:

1. Academic Background (list degree(s) in American equivalent and in chronological order, earliest degrees first):

_____	_____
(degree) (field of study)	(year) (college or university)
_____	_____

(degree) (field of study) (year) (college or university)

(degree) (field of study) (year) (college or university)

2. Academic affiliation and position, if any, _____

3. a. field of specialization (name up to three) _____

b. field of specialization in Baltic studies, if different from above _____

4. LANGUAGES _____

For office use only

For support of your Baltic research interests, such as Estonian,
Finnish, German, Latvian, Lithuanian, Polish, Russian, Swedish, etc.