

Application for Membership

Name: _____

Address: _____
(please provide institutional address unless
you wish mail to be sent to your home) _____

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

E-Mail Address: _____

Telephone: _____

Institutional Affiliation: _____

Department: _____

Membership Fees (Membership runs from 1 January to 31 December.)

Please check one of the following categories:

Student/Post-doc/Sessional (with **online Jeunesse**) \$20

Student/Post-doc/Sessional (with **print Jeunesse**) \$45

Full-Time/Independent/Retired (with **print Jeunesse**) 1-yr. \$60 2-yr. \$120 3-yr. \$180

Institutional 1-yr. \$50 2-yr. \$100 3-yr. \$150

Donations

We welcome donations that will help ARCYP to expand its programs. If you would like to contribute to the development of ARCYP please indicate the amount of your donation:

\$ _____

Total Amount Enclosed: \$ _____

Do you want to be on the ARCYP e-mail listserv? Yes No

Please return the completed Membership Form along with a **cheque payable to YORK UNIVERSITY (feel free to put "ARCYP Dues" on the memo line of your cheque)** to:

ARCYP,
PO Box B7, Vanier College, Department of Humanities,
York University, 4700 Keele Street, Toronto, Ontario M3J 1P3 Canada