



DEPARTMENT SPONSORED APSA STUDENT MEMBERSHIP

Chair name: _____

University: _____

Department: _____

Address: _____

Address Line 2: _____

City, State, Zip: _____

Email: _____

Phone: _____

The cost for providing complimentary membership to these students is shared equally by APSA and the sponsoring department. A department may sponsor as many students as they wish to fund.

Extending a complimentary year of membership to graduate students can help orient them in their chosen profession while familiarizing them with APSA's various offerings at no risk to them. Student members have access to the same range of services as professional members.

STUDENTS X \$26 EACH = **TOTAL**

PAYMENT OPTIONS

☐ Check (enclosed)
Make checks payable to: **American Political Science Association**

☐ Credit Card (select card type below)
☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number

CVV

Expiration

Signature

Thank you for your participation!

Return the completed form by:

FAX: (202)483-2657

EMAIL: membership@apsanet.org



Addresses must be the individual's mailing address

First name: _____

Last Name: _____

Year Entered: _____

Field of Interest: _____

First name: _____

Last Name: _____

Year Entered: _____

Field of Interest: _____

First name: _____

Last Name: _____

Year Entered: _____

Field of Interest: _____

First name: _____

Last Name: _____

Year Entered: _____

Field of Interest: _____

First name: _____

Last Name: _____

Year Entered: _____

Field of Interest: _____

Address: _____

City, State, Zip: _____

Email: _____

Orcid ID (optional): _____

Address: _____

City, State, Zip: _____

Email: _____

Orcid ID (optional): _____

Address: _____

City, State, Zip: _____

Email: _____

Orcid ID (optional): _____

Address: _____

City, State, Zip: _____

Email: _____

Orcid ID (optional): _____

Address: _____

City, State, Zip: _____

Email: _____

Orcid ID (optional): _____