

Society for Research on Identity Formation (SRIF) 2006 Membership and Conference Information

Membership Application/Renewal and Conference Registration

To join SRIF or renew your membership, please provide the information requested below. This form may also be used for registering for the upcoming SRIF Conference.

Name: _____
(Title) (First Name) (Middle) (Last Name)

Mailing Address: _____

Phone: Office _____ Home _____

Fax: _____ E-Mail _____

Please check appropriate fee:

Membership Application/Renewal (___ New Application ___ Renewal)

- | | | |
|----------|--|------|
| 1) _____ | Regular member (includes journal subscription) | \$75 |
| 2) _____ | Shared memberships (two voting privileges, one journal subscription) | \$90 |
| 3) _____ | Student member (includes journal subscription) | \$40 |
| 4) _____ | Student member, no journal subscription | \$10 |
| 5) _____ | Affiliate member, no voting privileges (includes journal subscription) | \$45 |
| 6) _____ | Affiliate member, no voting privileges, no journal subscription | \$0 |

Membership Application/Renewal AND Conference Registration

(___ New Application ___ Renewal)

- | | | |
|----------|--|-------|
| 1) _____ | Regular member (includes journal subscription) | \$85 |
| 2) _____ | Shared memberships (two voting privileges, one journal subscription) | \$110 |
| 3) _____ | Student member (includes journal subscription) | \$45 |
| 4) _____ | Student member, no journal subscription | \$20 |
| 5) _____ | Affiliate member, no voting privileges (includes journal subscription) | \$50 |
| 6) _____ | Student Affiliate no journal subscription | \$15 |

2006 Conference Registration Only

- | | | |
|----------|---|---------|
| 1) _____ | Regular/Professional | \$10 |
| 2) _____ | Student | \$5 |
| 3) _____ | Dinner Ticket | \$45.50 |
| 4) _____ | Advance Registration Attendance Notification—Pay Onsite | \$0 |

Please mail this form to SRIF, Department of Psychology, Florida International University, Miami, FL 33199, USA. If you are sending your membership dues along with this form, please make checks and money orders payable to SRIF. International members should send their dues in U.S. funds. Questions should be sent to SRIF Secretary via e-mail at SRIF@fiu.edu.

SRIF MEMBERSHIP RECOMMENDATIONS
(Please print or type)

Recommended By _____

Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

Email (**MOST IMPORTANT!**): _____

MEMBERSHIP RECOMMENDATION

Recommended By _____

Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

Email (**MOST IMPORTANT!**): _____

MEMBERSHIP RECOMMENDATION

Recommended By _____

Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

Email (**MOST IMPORTANT!**): _____

(If additional space is required, please use reverse side)