



Membership Form

Name_____

Organization (if applicable)_____

Address_____

City_____ State_____ Postal Code_____

Email Address_____

Phone Number_____

Contact Person (for institutional members)_____

Membership Rates (please check one):

- Student \$20 (must provide .edu contact)
- Individual \$35
- Lifetime Member \$1,000
- Institutional \$135

Donation

Tax-exempt contributions to the Martha Ross Prize help support our scholarship prize for undergraduate or graduate work in oral history.

- I wish to donate \$_____ to the Martha Ross Prize.

Payment

- Enclosed is my check payable to OHMAR.
- I authorize OHMAR to charge my credit card.

Card number_____ Exp date_____ Security code_____

Card Holder name_____

Signature_____

Billing address (if different from mailing address)_____

Mail form to: OHMAR, Science History Institute, 315 Chestnut Street, Philadelphia, PA 19106. Questions? Call 215-873-8236, or contact@ohmar.org

Thank you for your support!