



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 \$1000
- 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, Chemical Heritage Foundation, 315 Chestnut St, Philadelphia, Pa. 19106. Questions? Call 215-873-8242, or contact@ohmar.org

Thank you for your support!