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):
  o  Student $20 (must provide .edu contact)
  o  Individual $35
  o  Lifetime Member $1000
  o  Institutional $135

Donation
Tax-exempt contributions to the Martha Ross Prize help support our scholarship prize for undergraduate or graduate work in oral history.
  o  I wish to donate $_________ to the Martha Ross Prize.

Payment
  o  Enclosed is my check payable to OHMAR.
  o  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!