

Classical Association of the Middle West and South
Affiliated Membership Form
Academic Year 2011-2012

Affiliated Organization/Company: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Website URL: _____

Contact Person: _____

Address (if different from above): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-mail: _____

Telephone: _____

Please check one:

Annual dues, not-for-profit organization \$50 _____

or

Annual dues, for-profit company \$100 _____

Please mail this form along with payment of \$50 or \$100
by March 1, 2012, to the following address:

CAMWS, Dept. of Classics
Monmouth College
700 East Broadway
Monmouth, Illinois 61462
Telephone: 309-457-2284; Fax: 815-346-2565
E-mail: vwine@camws.org

Payment by credit card is possible through the CAMWS web site:
<http://www.camws.org/membership/affiliateform.php>.