



Membership Form for Action Research Special Interest Group (SIG) of the American Educational Research Association

Name: _____ Title: _____

Employer/Affiliation: _____

Address: _____ email: _____

_____ phones: _____

Special Area(s) of Interest: _____

Are you a member of AERA? Yes No

Membership Level (please choose one):

- | | |
|---|---|
| <input type="checkbox"/> Student (one year), \$5.00 | <input type="checkbox"/> Three Years, \$25.00 |
| <input type="checkbox"/> One year, \$10.00 | <input type="checkbox"/> Four Years, \$31.00 |
| <input type="checkbox"/> Two years, \$18.00 | <input type="checkbox"/> Five Years, \$36.00 |

Please mail your check or money order to:

Barbara Kawulich
Dept. of Educational Leadership
University of West Georgia
153 Education Annex
Carrollton, GA 30118