

## ACCUTE 2011 HOUSEHOLD MEMBERSHIP FORM

Renewing Member     New Member

**PLEASE PRINT CLEARLY**

Member Name:			
Institution:			
ESC Delivery Address: (Institution Address preferable)			Postal Code:
Phone:	Work: (    )	Home: (    )	
Email:			

**Professional Designation:**

- Professor                       Associate Professor                       Assistant Professor                       College Professor  
 Sessional                       Graduate Student                       Post-doctoral Fellow                       Instructor  
 Retired Faculty                       Other (Please specify): \_\_\_\_\_

Languages:	
Main Area of Specialization:	
Additional Areas:	
Authors:	

ACCUTE publishes a directory listing institutional affiliation, email address, work telephone number, and academic specialties. Please check here if you **DO NOT** want your listing to appear.

**Household Membership Fees:**

# of Members in Category	Annual Earnings for Category	Individual Fee for Category	Total
	Up to \$20,000	40	
	\$20,001-\$45,000	60	
	\$45,001-\$60,000	80	
	\$60,001-\$75,000	100	
	\$75,001-\$90,000	110	
	\$90,001-\$120,000	125	
	\$120,001 and over	135	
	Subtotal (add figures in right-hand column)		
	Subtract Price of One Subscription to ESC		- \$35
	Optional donation to the dues subvention fund for unemployed members		+5
	<b>Total Household Membership Fees</b>		<b>\$</b>

**Additional membership information**  
**To be completed by those applying for household memberships**

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Member Name:			
Institution:			
ESC Delivery Address: (Institution Address preferable)			Postal Code:
Phone:	Work: (     )	Home: (     )	
Email:			

**Professional Designation:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Professor       | <input type="checkbox"/> Associate Professor           | <input type="checkbox"/> Assistant Professor  | <input type="checkbox"/> College Professor |
| <input type="checkbox"/> Sessional       | <input type="checkbox"/> Graduate Student              | <input type="checkbox"/> Post-doctoral Fellow | <input type="checkbox"/> Instructor        |
| <input type="checkbox"/> Retired Faculty | <input type="checkbox"/> Other (Please specify): _____ |   |  |

Languages:	
Main Area of Specialization:	
Additional Areas:	
Authors:	

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Please return the completed Membership Form along with a cheque (**payable to ACCUTE**) to ACCUTE, C/O Department of English, Concordia University, 1455 de Maisonneuve Blvd W, Montréal, Québec H3G 1M8