

## Membership Application Form

Yes, I would like to join the *International Oral History Association*.

**Name:**

**Postal Address:**

**E-mail:**

**Fax:**

I would like to receive the Association's publications in English\* / Spanish\*

Please charge my membership fee in Euros \_\_\_\_\_ to my American Express\*/ Visa\*/ Diners Club\* credit card.

**Full name as on credit card:**

**Card Number:**

**Expiration Date:**

**Signature:** \_\_\_\_\_

(\* please delete as appropriate)

**Complete and return this form to:**

Almuth Leh.  
Treasurer,  
International Oral History Association,  
c/o Institut für Geschichte und Biographie,  
Fernuniversität Hagen,  
Leibigstr. 11, D-58511 Ludenscheid, Germany.