



Membership Application and/or Dues Renewal Form
Annual membership runs annually from the date of your joining or renewal.

Please complete and return this form only if you are unable to complete your membership or renewal online.

First Name _____ Last Name _____

Institution _____

Department _____ Building _____

Address _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

CPTSC may ___ may not ___ share my postal address with other academic or professional organizations approved by the CPTSC Executive Board. *If no preference is selected, CPTSC will not share any information provided on this form with 3rd parties.*

Please enclose a check for **\$40 US made out to CPTSC** and mail to

Jenn Mallette, CPTSC Treasurer
Department of English
Boise State University
1910 University Drive MS 1525
Boise, ID 83725