

NERA Northeastern Educational Research Association

Membership Form

Please complete this form and send, with appropriate payment (checks, payable to: NERA), to:
Northeastern Educational Research Association, P.O. Box 66114, Auburndale, MA 02466
members@nera-education.org

MEMBERSHIP INFORMATION (Please **print clearly** or type and fill in all information)

Name: (Title) _____ (First) _____ (MI) _____ (Last) _____

Affiliation: _____

Preferred Mailing Address (please include zip code)

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ E-mail address: _____

Were you a NERA member last year? Yes No

Will this be your first NERA conference? Yes No

What year (approximately) did you first join NERA? _____

Delivery Preference for the *NERA Researcher*

Please select one of the following:

- Electronic Only.** I would like to receive an e-mail with the link to each newly-published issue of the *NERA Researcher* for the 2009-2010 membership year, and NOT receive a paper copy.
- Paper & Electronic.** I would like to receive both a paper copy of the *NERA Researcher*, and e-mail that includes the link to newly-published issues.

Note: By default, members will receive the paper version of the *Researcher* if no selection is made.

Membership Dues (October 2009 — September 2010)

- \$40 Professional member
- \$15 Retired member
- \$15 Full-time student

\$ _____ TOTAL DUES