

TSI Membership Application (Please type or print clearly)

Mail form to:

Membership
Transformative Studies Institute
39-09 Berdan Avenue
Fair Lawn, NJ 07410

First Name: _____ **MI** _____ **Last Name:** _____

Mr. **Mrs.** **Ph.D.** **Dr.** **Professor**

Mailing Address:

Street: _____ **Apt. #** _____

City: _____ **State/Province:** _____

Country: _____ **Postal Code:** _____

Tel.: (_____) _____ **Email:** _____
Area code

Please check appropriate membership category (membership is on a calendar year basis January 1-December 31):

- Regular.** \$35
- Student.** Full-time students currently enrolled in accredited institutions. \$25
- International Associate.** Individuals in low-income countries*. \$25

* People from OECD member nations are excluded from this category and encouraged to join as regular or student members.

I am enclosing a check or money order made payable to: Transformative Studies Institute

Please charge my credit card: Visa Mastercard American Express Discover

Renew my membership automatically

Card number _____

Expiration date _____

CVC Code (last 3 digits on the back of the card) _____

Signature _____ **Date (MM/DD/YYYY)** _____

Demographic Information (optional):

M F Transgender Gay/Lesbian/Bisexual

African American Caucasian Asian/Pacific Islander Latino/Latina/Hispanic Multiracial Native American

Other: _____

Low Income Person with Disability Under Age 21 Over Age 65