

We're About Belonging

VSA invites you to become a member today. Join us and take advantage of up-to-the-minute information, opportunities for growth, and the value of belonging to an organization that is about the visitor.

MEMBERSHIP BENEFITS INCLUDE:

Visitor Studies – Published 2 times per year, *Visitor Studies* is the Association's premier publication featuring peer-reviewed articles.

E-Newsletter – For members only, our bi-monthly e-newsletter contains the latest information about VSA programs and services, exciting opportunities to become involved in the organization, and updates and announcements from other organizations that focus on visitors and informal learning.

Vote - All members in good standing are entitled to a vote on any matters that come to the full membership for vote including the election of VSA's Board of Directors.

Conference and Workshop Discounts – Discounted fees for conference activities, workshops, and professional development opportunities.

Membership Directory – A complete directory of all current VSA members.

Choice of Printed Recognition – Patrons, Sustaining, and Supporting Members can choose how they'd like to be recognized for their support from a menu of options.

VSA Membership Categories

Category	Cost	Visitor Studies	E-News	Vote	Conference Discount	Workshop Discount	Member Directory	Recognition
BASIC	\$60	✓	✓	✓			✓	
FULL	\$100	✓	✓	✓	✓	✓	✓	
SUPPORTING	\$250	✓	✓	✓	✓	✓	✓	✓
SUSTAINING	\$500	✓	✓	✓	✓	✓	✓	✓
PATRON	\$1000	✓	✓	✓	✓	✓	✓	✓
STUDENT/RETIRED*	\$30	✓	✓	✓	✓	✓	✓	
INSTITUTIONAL**	\$300	✓	✓	✓	✓	✓	✓	

*Student Membership requires evidence of current and active enrollment in a degree granting program.

** Institutional members receive benefits for up to 4 people in one organization

PLEASE RETURN TO: PO BOX 10668 Rockville MD 20849 or FAX: 301-637-3312 (E-Mail: info@visitorstudies.org)

New Member

Renewal

PAYMENT INFORMATION

Name: _____

Member Category: _____ Fee: \$ _____

Company: _____

April Award Donation: \$ _____ Total Enclosed: \$ _____

Title: _____

Check (payable to VSA) Credit Card

Address: _____

VISA MasterCard

City/State/Zip _____

Name of cardholder: _____

Country: _____

Card Number: _____ Exp. Date _____

Telephone: _____ Fax: _____

Credit Card PIN number: _____
(last 3 digits of number on back of card)

E-Mail: _____

Do you wish to make a donation to the April Award Fund? Yes No

Signature: _____