



WESTERN AGRICULTURAL ECONOMICS ASSOCIATION

2020 WAEA Membership Application & Renewal Form

Member Information

Name: _____

Affiliation: _____

Address: _____

Address: _____

City, State, Zip, Country: _____

Phone: _____

E-mail: _____

Type of Membership

All memberships include a subscription to the *Journal of Agricultural and Resource Economics*.

Members are not guaranteed shipment of journals or newsletters published prior to their membership date. Refunds and replacements are not offered.

| | <u>Domestic</u> | <u>International</u> |
|----------------------------------|-------------------------------|--------------------------------|
| Regular (JARE-printed copy) | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$75 |
| Regular (JARE-electronic copy) | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$40 |
| Student** (JARE-printed copy) | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$40 |
| Student** (JARE-electronic copy) | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$5 |
| Senior* (JARE-printed copy) | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$60 |
| Senior* (JARE-electronic copy) | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$30 |
| Family (one JARE-printed copy) | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$110 |
| Other Family Member _____ | | |

* Retired full-time from their full-time job

** I certify that the person named above is eligible for student membership

Department Head or Staff Member _____

Payment Information

Check (U.S. funds drawn on U.S. bank payable to WAEA)

Credit Card #: _____

Expiration date: _____

Name on card: _____

Contact Information

Completed forms and payment may be submitted to:

Mail: WAEA
555 East Well St. Suite 1100
Milwaukee, WI 53202

Fax: (414) 276-3349

Phone: (414) 918-9802

Email: info@waeaonline.org

Web: www.waeaonline.org