

The Ohio Association of Gerontology and Education, Inc.

Student Membership Registration

Name_____

Home Address_____

City_____ **State**_____

Zipcode_____

Home Telephone_____

Home E-Mail_____

Home FAX_____

Name of College/University_____

Department_____

College/University Tel._____

College/University E-Mail_____

College/University FAX_____

Areas of Interest/Expertise (12 words or less)

Check One

____ New Member

____ Membership Renewal

Membership Type:

Student Membership: \$15.00 per year

Total: \$ _____

Make check payable to OAGE and mail to:

Dr. Robert Applebaum, Miami University, Scripps Gerontology Center,
Oxford, OH 45056-1809.

Note: Membership dues are for the one-year period: April 1 - March 31.

Membership in The Ohio Association of Gerontology and Education entitles you to discounts on Conference registration fees, access to the Listserv, and a voice in the organization.

Would you like to become more involved in the organization? Please check below.

____ Yes ____ No

If yes, which area(s) are of interest to you?

Would you like to serve on an OAGE committee?

____ Yes ____ No

Would you like to be contacted by an OAGE representative to answer your questions or provide additional information?

____ Yes ____ No