# Student Membership Registration

<table>
<thead>
<tr>
<th>Name</th>
<th>Check One</th>
<th>Total: $__________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>___ New Member</td>
<td></td>
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<tr>
<td></td>
<td>___ Membership Renewal</td>
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</tbody>
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## Membership Type:

- **Student Membership:** $15.00 per year

Your total membership fee is $__________.

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) 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