

Institutional Membership Application



Please fill out completely and send to:

info@AmericanRomanianAcademy.org

If you need assistance, please feel free to contact us.

PLEASE PRINT (Please use multiple forms if needed)

1. NAME OF ORGANIZATION (as it will be listed on the Institutional Membership page)

Mailing Address (please include appropriate country and telephone number codes):

Telephone: _____ Fax: _____

E-mail: _____ Website URL: _____

2. Name and title of individual authorizing payment:

Telephone: _____ Fax: _____

E-mail: _____

3. Institutional member category:

- Visionary \$25,000 annually
- Benefactor \$7,500 annually
- Patron \$4,000 annually
- Sponsoring \$2,500 annually
- Sustaining \$1,500 annually

4. Payment in the amount of USD is made by:

- Enclosed check in U.S. Funds drawn on U.S. Bank
- PayPal
- Check here if you would like ARA to send you a receipt

5. Signature: _____

5. Let us know if you would like ARA to contact you about the subscription.

6. Please include a LOGO and a 50-word description of your organization to be displayed on our website listing of institutional members (all levels). The description can also be emailed directly to us at info@AmericanRomanianAcademy.org

7. Name and email address of member representative(s):
