



Become a member / Renew your membership / Make a donation

Last name _____ First name _____

Address _____

City _____ State _____ Zip code _____

Email _____ Phone number _____

If employed:

Position title _____ Organization _____

Yes, I would like to join AJS:

annual membership @ \$50; student membership @ \$25 \$ _____

Yes, renew my membership in AJS:

\$ _____

Yes, I would like to donate to AJS:

\$ _____

TOTAL PAYMENT

\$ _____

Make check payable to the American Judicature Society. Send this registration form and your check to:

American Judicature Society
Finance Factors Center, Suite 618
1164 Bishop Street
Honolulu, HI 96813

Thank you for your support!