

RADAC

recherches sur les arts
dramatiques anglophones
contemporains

MEMBERSHIP FORM

Please send this form, along with your check **made out to RADAC**, to the following address:

Agathe TORTI-ALCAYAGA
Trésorière de RADAC
29, rue des Bruyères
93 260 LES LILAS

For any **questions**, or to pay by **bank transfer**, please email us at: tresorerie@radac.fr

DATE : ___ / ___ / ___

NAME: _____

ADDRESS: _____

E-MAIL : _____ @ _____

TELEPHONE: _____ CELL: _____

✓ **INSTRUCTORS-RESEARCHERS:**

INSTITUTION:

RESEARCH GROUP:

TITLE/RANK:

University/College Professor

Lecturer

Teacher

Doctoral Student () ABD

Other: _____

MEMBERSHIP DUES:

30 euros (regular membership, with journal)

25 euros regular membership, without journal)

20 euros (reduced membership*, with journal)

15 euros (reduced membership*, without journal)

* Reduced membership fees apply to **students** and **retirees**

✓ **PERFORMING ARTS PROFESSIONALS:**

PROFESSION :

COMPANY OR PROFESSIONAL ASSOCIATION (NAME
AND ADDRESS):

WEBSITE :

MEMBERSHIP DUES:

20 euros (with journal)

15 euros (without journal)

SIGNATURE