



## Application for Membership

Name \_\_\_\_\_ (Eng.)  
Dr. Mr. Mrs. Ms. First Middle Last

\_\_\_\_\_ (укр.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, e-mail: \_\_\_\_\_

Profession \_\_\_\_\_

Present Position \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, e-mail: \_\_\_\_\_

Education (highest degree) \_\_\_\_\_, Year \_\_\_\_\_

Name of institution \_\_\_\_\_

Topics of Interest? Research Areas/ Specializations: \_\_\_\_\_

Which of the Society's academic sections would you be interested in joining?

Arts  History, Law and Social Sciences  Mathematical, Physical and Applied Sciences

Medicine and Biology  Philology

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit to Shevchenko Scientific Society the following:

1. Completed and signed application
2. Curriculum vitae
3. REFERENCES (Please provide names of two current Full Members of the Society)\*
4. Photograph, preferably headshot
5. Membership Fee (Membership is renewed annually on May 1)
6. Member \$60; Graduate student \$20—indicate expected degree, year \_\_\_\_\_

\*If unavailable, the Board will solicit two sponsors on your behalf upon review of your application.

Payment can be made by check made payable to "Shevchenko Scientific Society, Inc." or online at [www.shevchenko.org](http://www.shevchenko.org) by clicking the *Pay Membership Dues* button.

Mail your membership packet to:

Shevchenko Scientific Society, Inc.  
Attn: Membership Committee  
63 Fourth Avenue  
New York, NY 10003-5202

OR you can scan and send your packet to:  
[info@shevchenko.org](mailto:info@shevchenko.org).

Do not write below this line:

Disposition of the Governing Board

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Sponsors (Society members) 1. \_\_\_\_\_

2. \_\_\_\_\_

Accepted as a regular members on (date) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_