

# *Kentucky Philosophical Association*

## *Membership Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Title, First Name, Last Name) (DD/MM/YY)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Please do **not** add my name to the KPA listserv

Institutional Affiliation: \_\_\_\_\_

Current Position: \_\_\_\_\_

Dues\*: \_\_\_\_\_

Contribute to KPA program fund? \_\_\_\_\_

Total Paid: \_\_\_\_\_

\*Dues Scale:

Annual:	\$10
Two-year:	\$18
Student:	\$5

Please make checks payable to KPA.

Please return this form to:  
Dr. Karen Bardsley  
UPO 820  
150 University Blvd.  
Morehead State University  
Morehead, KY 40351