



**HDCA Membership Form 2008**

Please,

- Check here if you are a new member or if you want us to update your contact information. Please, complete the form below.
- Check here if your contact information remains unchanged. Please fill out your name, your membership fees, and payment.

<b>NAME</b>	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
Last Name:				First Name :	

**CONTACT INFORMATION**

University/Organization  
 Department  
 Address

City State  
 Postal/Zip Code Country  
 Telephone # Fax #

E-Mail Address (required)

Research interests:

The HDCA website maintains a member page of researcher's names and interests. Each listing includes the member's name, position, institutional affiliation, email address, web address, and a description of their research interests. Please select which you want to have shown on the list:

<input type="checkbox"/> Display name and position	<input type="checkbox"/> Display email address	<input type="checkbox"/> Display organization and country	<input type="checkbox"/> Display research interests
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<b>MEMBERSHIP FEES 2008</b>	<input type="checkbox"/> Professional > \$50,000* <span style="float: right;">\$85</span> <input type="checkbox"/> Professional \$35,000 - \$49,999* <span style="float: right;">\$65</span> <input type="checkbox"/> Professional \$20,000 - \$34,999* <span style="float: right;">\$55</span> <input type="checkbox"/> Professionals <\$20,000* <span style="float: right;">\$20</span> <input type="checkbox"/> Student (proof of student status required) <span style="float: right;">\$20</span>
<small>*Annual income and all amounts are in US dollars</small>	

<b>PAYMENT</b>	<input type="checkbox"/> Check / Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
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Name (as it appears on card):

Card No.: Expiration Date (mm/yy):

Signature:

*\* By signing this registration form you are authorizing HDCA to charge your credit card for the above referenced membership*

Please fill out this form and mail it to:

Human Development and Capability Association,  
 c/o Boston University  
 67 Bay State Road  
 Boston, Massachusetts  
 02215  
 USA

contact: [info@hd-ca.org](mailto:info@hd-ca.org)