Association of Concerned African Scholars (ACAS)
Membership Form
(ACAS will not share your personal information with any other organization or persons.)

Name______________________________________________________________
Affiliation________________________________________________________________________________
Address____________________________________________________________________________________
City_________________________________________________State______________Zip:____________________
Phone #: _____________________________ E-mail:____________________________
Africa Activist Scholarly and Country Interests: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Would you like to join an ACAS Task Force? (see website: www.concernedafricascholars.org)
    Militarization in Africa and AFRICOM ___
    Food sovereignty _____
    Land grabs ___
    Other: ________________________________

Please identify other ways you might like to be involved in ACAS:
    Write an article in ACAS Bulletin about ________________________________
    Serve on the ACAS Board of Directors ______

ACAS Membership Status:
New member___________ Renewal__________________

Current ASA Member:  Yes:______ No:______

Membership Fee: $10.00 per year (by calendar year)

Please return with a check payable to:
    “Association of Concerned Africa Scholars” (not tax deductible)

Mail to:  Michael Walker, ACAS Treasurer
    538 Pacific Street - Apt 5-6
    Brooklyn, NY 11217-2280