**SGAS MEMBERSHIP FORM**

**2017**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY and ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACADEMIC AFFILIATION (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP CATEGORY: (circle) Student / Regular / Joint / Life / Institution

AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_

IN THE FUTURE NOTIFY ME: (circle) via regular / via email

IN THE FUTURE I WOULD PREFER: Hard-copy newsletter \_\_\_ / Electronic newsletter \_\_\_\_

**Please make your check payable to SGAS and designate membership category, and send to the address below.**

**Karyl Rommelfanger**

**SGAS Membership Chair**

**4824 Morgan Dr.**

**Manitowoc, WI 54220**

…………………………………………………………………………………………………………………………………………………

**DUES**

**Student ……. $15 Unrestricted Donation \_\_\_\_\_**

**Regular ……..$30 Faust Fund Donation \_\_\_\_\_**

**Joint (one address) ……..$40 Arndt Fund Donation \_\_\_\_\_**

**Life (can be made in 5 installments) …. $500**

**Institution / Library / Society / Organization ……$40**