**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**

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**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**