

SGAS MEMBERSHIP FORM 2019

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