

**SGAS MEMBERSHIP FORM  
2020**

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**