

**SGAS MEMBERSHIP FORM
2021**

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, designate a membership category, and send your check and form to the address below.

**Antje Petty
SGAS Membership Chair
2911 Robin Court
Fitchburg, WI 53711**

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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