

SGAS MEMBERSHIP for 2021

NAME: _____

STREET ADDRESS: _____

CITY and ZIP: _____

ACADEMIC AFFILIATION (if applicable) _____

E-MAIL: _____

TELEPHONE NUMBER: _____

I wish to receive the NEWSLETTER....

As a hardcopy (in the mail) _____

Electronically (as a PDF) _____

I am a RENEWING MEMBER _____

I am a NEW member _____

MEMBERSHIP CATEGORY (circle):

Student: \$15

Regular: \$30

Joint (one address): \$40

Life (can be made in 5 installments): \$500

Institution / Library / Society / Organization: \$40

ADDITIONAL DONATION

Unrestricted Donation _____

Faust Fund _____

Arndt Fund _____

TOTAL AMOUNT ENCLOSED: \$ _____

Please make your check payable to SGAS and send your check and form to the address below.

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