

SGASMEMBERSHIP for 2025

NAME: _____

STREET ADDRESS: _____

CITY and ZIP: _____

ACADEMIC AFFILIATION (if applicable)

E-MAIL: _____ TEL: _____

MEMBERSHIP CATEGORY

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) _____

AMOUNT ENCLOSED: \$ _____

I am a renewing member _____ / I am a new member _____

Please make your check payable to SGAS and send it with the form to:

Antje Petty

SGAS Membership Chair

2911 Robin Court

Fitchburg, WI 53711