

SGAS MEMBERSHIP for 2026

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:

Randi Ramsden (SGAS)

University of Wisconsin

432 East Campus Mall

Madison, WI 53706