

APPLICATION FOR MEMBERSHIP

To apply for membership, complete this form and mail with remittance to:
Southern Historical Association, University of Georgia, Athens, GA 30602-1602
To join online and pay by credit card please visit our website at thesha.org.

MEMBERSHIP CLASSES (choose one)

- | | | |
|---|--------|--|
| <input type="checkbox"/> Sustaining | \$100 | |
| <input type="checkbox"/> Annual | \$75 | |
| <input type="checkbox"/> Five-Year | \$300 | |
| <input type="checkbox"/> K-12 teacher | \$20 | |
| <input type="checkbox"/> Non-tenure track faculty | \$15 | |
| <input type="checkbox"/> Retired | \$45 | (members who have been in SHA for 15+ years and retired due to age) |
| <input type="checkbox"/> Enrolled Student | \$20 | (certification required—seven year limit) |
| <input type="checkbox"/> Family Membership | \$80 | (includes two copies of the program for the annual meeting) |
| <input type="checkbox"/> Life Membership | \$1000 | (payable in quarterly installments, to be completed within one year) |
| <input type="checkbox"/> Institutional | \$130 | |

Visit thesha.org to:

- Pay by credit card
- Choose a recurring payment
- Donate to The Southern

Note: Add \$10 (per year) for foreign postage.

Field of Interest:

U.S. _____ European _____ Latin American _____ Other _____

I enclose \$_____ to pay for my dues in the Southern Historical Association.

Name _____

Mailing Address _____

E-mail address: _____

Would you like a digital-only copy of the Journal instead of a paper copy? Yes/No _____

STUDENT MEMBERSHIP

Applications for student membership must be signed below by a faculty representative of the institution in which the applicant is currently enrolled. I hereby certify that the person whose name appears on this application is currently enrolled as a student at:

Institution: _____

Faculty Signature: _____

Position: _____