

the SOUTHERN
HISTORICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

Complete in full and mail with check or credit card information to: Southern Historical Association, Department of History, University of Georgia, Athens, GA 30602-1602

MEMBERSHIP CLASSES

- | | | |
|--|--------|--|
| <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"/> Public History Professional | \$50 | |
| <input type="checkbox"/> Enrolled Student | \$20 | (certification required—six year limit) |
| <input type="checkbox"/> Family | \$80 | (includes two copies of the meeting program) |
| <input type="checkbox"/> Life Membership | \$1000 | (payable in quarterly installments) |
| <input type="checkbox"/> Institutional | \$130 | |
| <input type="checkbox"/> Retired | \$45 | (in SHA 15+ years and retired due to age) |

NOTE: ADD \$10 (PER YEAR) FOR FOREIGN POSTAGE.

DISCOUNT CODE: _____ (\$5 off)

CONTACT INFORMATION

Field of Interest: U.S European Latin American Other _____

Name _____

Address _____

E-mail address: _____

STUDENT MEMBERSHIP

Applications for student membership must be signed by a faculty representative of the institution in which the applicant is currently enrolled.

Institution: _____

Faculty Signature: _____

PAYMENT INFORMATION

TOTAL \$ _____ Pay by: Check Credit Card

Card Number _____ EXP _____ CVV _____