

*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

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**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.

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**CONTACT INFORMATION**

Field of Interest:  U.S    European    Latin American    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address: \_\_\_\_\_

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**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: \_\_\_\_\_

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**PAYMENT INFORMATION**

TOTAL \$ \_\_\_\_\_ Pay by:  Check    Credit Card

Card Number \_\_\_\_\_ EXP \_\_\_\_\_ CVV \_\_\_\_\_