



SACNAS Chapter Affiliate Membership Form

SACNAS offers substantial support for your scientific career and the opportunity for you to give back to the next generation! Thank you for being a member of SACNAS and staying connected with your community!

* denotes information is required

Member Information (please type or print neatly)

New Member Renewing Member SACNAS ID # (if known) _____

Name* Dr. Mr. Ms. _____

Mailing Address* _____

Day Phone* () _____ Fax () _____

Home Phone () _____ E-mail* _____

Birthdate (mm/dd/yyyy) _____ Gender Female Male

Chapter Name* _____

With which ethnicity(ies) do you most identify?

- Chicano/Mexican-American
- Puerto Rican
- African American
- Asian
- Other: _____
- Decline to state
- Latina/o
- Native American
- Affiliation: _____
- Alaska Native
- Native Hawaiian/Pacific Islander
- Caucasian/White

Education*

Select One: Currently Enrolled Highest Attained Education

Institution: _____ (Expected) Grad Date _____

Field/Major _____ Degree (Expected) _____

- UNDERGRADUATE STUDENT GRADUATE STUDENT
- B.A. B.S. M.A. M.S. M.D. Ph.D. Other _____

Occupation

- FACULTY K-12 TEACHER POST-DOCTORATE ADMINISTRATOR
- STAFF RESEARCH SCIENTIST OTHER _____

Employer: _____

Title: _____

Field/Concentration: _____

Membership Type*

- Student Member \$24.00 (waived) K-12 Teacher Member \$45.00 (waived)
- Professional Member \$65.00 (waived) Life Member \$500.00
- Friends of the Society \$1000.00
- I would like to make a Contribution to the SACNAS endowment fund in the amount of \$ _____

Payment

Check or Money Order (Make checks payable to SACNAS)

Visa θ MasterCard

Credit Card # _____ Exp. Date _____

CVV (On the back of the card the last 3 digits of the number above your signature.) _____

Name on Account _____ Amount Enclosed \$ _____

Signature _____

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