

Society of Florida Archivists Membership Form

Basic information

*First name: _____

*Last name: _____

*Organization: _____

*E-mail: _____

Secondary e-mail: _____

Phone: _____

Fax number: _____

Have you previously been a member of SFA?: Yes / No

If yes, please list any SFA Service/Leadership Positions you have held: _____

Personal information

Job title: _____

Website: _____

Contact data

Address: _____

City: _____

Postal code: _____

Province/State: _____

Country: _____

Additional information

*Would you prefer receiving the *Florida Archivist* newsletter online only?

Yes – Online only
 No – Send via Regular Mail

*How did you hear about us?

Internet
 Referral

*Do you agree to adhere to the terms and conditions applied by participating in our Member Directory?

I agree
 I do not agree
Terms and conditions on the SFA website

*May we share your information with third party organizations?

No
 Yes
SFA periodically provides member information to third party organizations for promotional materials related to archives and cultural heritage preservation, i.e. continuing education courses, product catalogs etc.

Section membership

*College and University Archives Section

Join
 No Thanks
This Section serves as a forum for discussion of concerns of College and University Archivists. For more information, see <https://floridaarchivists.wildapricot.org/College-and-University-Archives-Section>

Membership dues

\$20 _____ **Individual.** (Voting privilege, subscription to *The Florida Archivist*, Listserv discounts at SFA events).

\$50 _____ **Institutional*** (Two members, voting privileges, subscription to *The Florida Archivist*, Listserv, discounts at SFA events).

\$200 _____ **Corporate*** (Same privileges as Institutional plus one advertisement in each issue of *The Florida Archivist*).

\$ _____ Additional donation to the *Judith Beale Scholarship Fund* to encourage students and new professionals to attend educational events.

\$ _____ Donation to the ongoing work of SFA.

\$ _____ **TOTAL** Please make check payable to *Society of Florida Archivists*.

If mailing the form and check, please return to:

**Society of Florida Archivists PO Box 5645
Tampa, FL 33675**

Questions? Email the Membership Chair at societyofflarchivists@gmail.com