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
- [x] No – Send via Regular Mail

*How did you hear about us?*

- [ ] Internet
- [x] Referral

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

- [ ] I agree
- [x] I do not agree

Terms and conditions on the SFA website

*May we share your information with third party organizations?*

- [x] 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
- [x] 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](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