

# Society of Florida Archivists Membership Form

New

Renewal

Your Name/Title \_\_\_\_\_  
[\*If Institution or Corporate, please provide the names of the two persons who will represent.]

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Check selection

Mailing Address:  Home  Work  
Online Directory Address:  Home  Work  Both

Would you be willing to be a Workshop presenter? Yes  No

Topic(s)? \_\_\_\_\_

## 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](mailto:societyofflarchivists@gmail.com)