



Membership Application Form

Institutional Members

Institutional Information:
General information for the institution (e.g., main office/headquarters address and contact information for general inquiries)

Name _____
Street 1 _____
Street 2 _____
City _____ State _____ Zip _____
Country _____
Phone _____ Fax _____
Email _____
Website _____

Shipping Address (if other):
If a specific address should be used for periodicals and member correspondence, please list here.

Use general address listed above
Street 1 _____
Street 2 _____
City _____ State _____ Zip _____
Country _____

Billing Address (if other):

Company _____
Street 1 _____
Street 2 _____
City _____ State _____ Zip _____
Country _____

Membership category:

\$750 - Sustaining Institutional Member
 \$500 - Regular Institutional Member

PRIMARY CONTACT

Institutions may designate one "primary contact" who receives access to SAA's Online Membership Directory and is eligible: to hold office in the Society; to serve on appointed groups; to vote on behalf of the institutional member; and to participate in SAA Sections.

Name of Primary Contact: _____

Position Title: _____

Email: _____

Work Phone: _____

Home Address: Street 1 _____

(Optional) Street 2 _____

City _____ State _____ Zip _____

Country _____

Work Address: (Institutional Name automatically included)

Street 1 _____

Street 2 _____

City _____ State _____ Zip _____

Country _____

Section Membership:

Manage your Section membership online at <https://mysaa.archivists.org/mygroups>

American Archivist Online:

The primary contact will receive an email from Allen Press on how to access the website account that will be set up for you so that you can view all issues of the journal and set up group access for your staff, via IP range. **Please add meridiansupport@kwglobal.com to your contact list to ensure that the message reaches you.**

Optional/Additional Services:

Upgrade Archival Outlook Subscription Mailing.

- + \$20.00
- + \$60.00

First-class delivery of *Archival Outlook* (US/Canada/Mexico)
Airmail delivery of *Archival Outlook* (all other countries)

Note: Sustaining institutional members automatically receive 1st class or airmail.

PAYMENT:

\$ _____ Additional Services
\$ _____ Membership Dues
\$ _____ **TOTAL**

Payment Option: Credit Card Check (# _____)

Name on Card

Card Number

Expiration Date (MM/YY) _____ CVV Security _____

RETURN TO:
Society of American Archivists
17 N. State Street, #1425
Chicago, IL 60602-3315

OR FAX TO: 312-606-0728
QUESTIONS? Call 1-866-722-7858
or email servicecenter@archivists.org