

# SGNA Affiliate Membership Application

## Contact Information (please type or print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Membership Dues

### Part A

SGNA membership runs on a calendar year from January through December.

\$105.00 One year

\$165.00 18 month (July 1-Dec. 31)

\$210.00 Two-year membership

Subtotal A \_\_\_\_\_

### Part B

As an Affiliate member you have the option to join a regional society for an additional \$15 per year. If you wish to join a regional society please check box and you will be put into the region closest to the address listed above.

Subtotal B \_\_\_\_\_

### Part C

Electronic Special Interest Group Membership

The SGNA has 17 Special Interest Groups that you can join for FREE! If you would like to join the e-SIGs please check the box.

Yes, I would like to join the e-SIGs

**NOTE:** For more information on regional societies or special interest groups please visit [www.sgna.org/about](http://www.sgna.org/about), or call 800/245-7462.

## Method of Payment

Total A + B = \$ \_\_\_\_\_

Charge to credit card:    Visa    MasterCard    American Express

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Check enclosed

**Please mail your completed application and payment to:**

**3943 Paysphere Circle**

**Chicago, IL 60674**

Or, fax to 312/673-6694 (credit card payments only)