



# SACNAS Chapter Affiliate Membership Form

Thank you for being a member of SACNAS and staying connected with your community! Please note that you are required to first create a profile for yourself through MySACNAS at <http://www2.sacnas.org/confNew/confClient/login.asp> in order for SACNAS to process your membership.

\* denotes required information

## Member Information (please type or print neatly)

SACNAS ID # \_\_\_\_\_

Name\*  Dr.  Mr.  Ms. \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

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

Day / Cell Phone\* ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail\* \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Gender  Female  Male

Chapter Name\* \_\_\_\_\_

## With which ethnicity(ies) do you most identify?

- |   |   |
|---|---|
| <input type="checkbox"/> Chicano/Mexican-American | <input type="checkbox"/> Latina/o                         |
| <input type="checkbox"/> Puerto Rican             | <input type="checkbox"/> Native American                  |
| <input type="checkbox"/> African American         | Affiliation: _____  |
| <input type="checkbox"/> Asian                    | <input type="checkbox"/> Alaska Native                    |
| <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Decline to state         | <input type="checkbox"/> Caucasian/White                  |

## Education\*

Select One:  Currently Enrolled  Highest Attained Education

Institution: \_\_\_\_\_ (Expected) Grad Date \_\_\_\_\_

Field/Major \_\_\_\_\_ Degree (Expected) \_\_\_\_\_

UNDERGRADUATE STUDENT  GRADUATE STUDENT

BA  BS  MA  MS  MD  PhD  Other \_\_\_\_\_

## Occupation

FACULTY  PRECOLLEGE TEACHER  POST-DOCTORATE  ADMINISTRATOR

STAFF  RESEARCH SCIENTIST  OTHER \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Field/Concentration: \_\_\_\_\_

## Membership Type\*

Student Member ~~\$25.00~~ (waived)  K-12 Teacher Member ~~\$45.00~~ (waived)

Professional Member ~~\$65.00~~ (waived)  Postdoc Member ~~\$45.00~~ (waived)

I would like to make a Contribution to the SACNAS annual campaign in the amount of \$ \_\_\_\_\_

## Payment

Check or Money Order (Make checks payable to SACNAS)

Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_

Name on Account \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Signature \_\_\_\_\_

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