MEMBERSHIP FORM

Name:
Address 1:
Address 2:
City, State Zip:

Please indicate: renewal [ ] or application [ ]

MEMBERSHIP FEE:

$45.00 Regular
$20.00 Retired
$20.00 Student

STATE CAUCUS FEE: Please select your State Caucus Preference

DC [ ] DE [ ] MD [ ] NJ [ ] NY [ ] PA [ ] VA [ ] WV [ ]
(Note: First state caucus choice is included with membership fee. Additional state caucus selections are $1.00 ea)

$ [ ] $1.00 Each ADDITIONAL caucus membership

DONATIONS: Please consider making a tax-deductible gift to provide additional support for MARAC’s mission and program

$ [ ] Archival Educational Fund: helps fund an array of MARAC educational initiatives, such as providing scholarships to MARAC workshops and conferences, stipends for MARAC meeting attendance, and scholarships to other archival industry seminars

$ [ ] Disaster Relief Fund: used to help archives and special collections repositories within the MARAC region in their time of greatest need

$ [ ] C. Herbert Finch Award Fund: honors online publications including virtual exhibitions, websites and web pages devoted to the promotion and use of archival materials

$ [ ] General Operating Fund: supports the programs and services available to our membership

$ [ ] Graduate Scholarship Fund: supports the Graduate School Archival Education Scholarship which will be awarded to a graduate student who lives or attends school in the MARAC region

$ [ ] TOTAL AMOUNT ENCLOSED

PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR MORE INFORMATION

MARAC • Dickinson College • P.O. Box 1773 • Carlisle • Pennsylvania • 17013
717-713-9973 • administrator@marac.info
COMMUNICATION PREFERENCES: Please indicate your communication preferences for each category so that MARAC can communicate with you in the manner you prefer

Yes ______ No ______ I prefer to receive MAA Newsletters in electronic format.

Yes ______ No ______ I prefer to receive conference programs in electronic format.

Yes ______ No ______ I prefer to receive MARAC election ballots in electronic format.

Yes ______ No ______ I prefer to receive membership renewal forms in electronic format.

CONTACT INFORMATION:

Organization:

Phone:

E-mail:

May we include your name on a MARAC mailing list for distribution? (Name, address, and email) Yes ☐ No ☐

MARAC COMMITTEES: Please check the committees in which you are interested and may be willing to serve

☐ Arline Custer Award  ☐ Communications  ☐ Distinguished Service  ☐ Diversity and Inclusion
☐ Education  ☐ Finance  ☐ Finding Aids Award  ☐ Local Arrangements
☐ Meetings Coordinating  ☐ Membership  ☐ Nominations & Elections  ☐ Program
☐ Scholarship

ORGANIZATIONAL AFFILIATION: Please check the category which best describes your organization

☐ Academic  ☐ Corporate  ☐ Federal Government  ☐ Historical Society
☐ Museum  ☐ Professional Society/Institute  ☐ Public Library  ☐ Religious
☐ Retired  ☐ State/Local Government  ☐ Self Employed  ☐ Other

Please do not send cash. Make all checks payable to MARAC and mail to:
MARAC, Dickinson College, P.O. Box 1773, Carlisle, PA 17013.
Please include a copy of this form with your payment.