

Delaware • District of Columbia • Maryland • New Jersey
New York • Pennsylvania • Virginia • West Virginia

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 →

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*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Arline Custer Award | <input type="checkbox"/> Communications | <input type="checkbox"/> Distinguished Service | <input type="checkbox"/> Diversity and Inclusion |
| <input type="checkbox"/> Education | <input type="checkbox"/> Finance | <input type="checkbox"/> Finding Aids Award | <input type="checkbox"/> Local Arrangements |
| <input type="checkbox"/> Meetings Coordinating | <input type="checkbox"/> Membership | <input type="checkbox"/> Nominations & Elections | <input type="checkbox"/> Program |
| <input type="checkbox"/> Scholarship | | | |

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

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Corporate | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Historical Society |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Professional Society/Institute | <input type="checkbox"/> Public Library | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Retired | <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Self Employed | <input type="checkbox"/> 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.