

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

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Is the address above your work address? YES  NO

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

**MEMBERSHIP FEE:**

\_\_\_\_\_ \$45.00 Regular

\_\_\_\_\_ \$20.00 Retired

\_\_\_\_\_ \$20.00 Student (Must be a full-time student)

**STATE CAUCUS FEE:**

Please select your State Caucus Preference(s):

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:

\_\_\_\_\_ Tax Deductible Donation to the Educational Endowment Fund

\_\_\_\_\_ Tax Deductible Donation to the Disaster Relief Fund

\_\_\_\_\_ Tax Deductible Donation to the C. Herbert Finch Award Fund

\_\_\_\_\_ Tax Deductible Donation to the General Operating Fund

\_\_\_\_\_ Tax Deductible Donation to the Graduate Scholarship Fund

\_\_\_\_\_ **TOTAL AMOUNT ENCLOSED**

**← PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR MORE INFORMATION →**

**COMMUNICATION PREFERENCES:**

*Please indicate your communication preferences for each category below. NOTE: Your selections are updated every membership year. Kindly complete ALL fields to ensure that MARAC can communicate with you in the manner you prefer.*

- Yes \_\_\_\_\_ No \_\_\_\_\_ I would prefer to receive the MAA Newsletter in electronic format.
- Yes \_\_\_\_\_ No \_\_\_\_\_ I would prefer to receive conference programs in electronic format.
- Yes \_\_\_\_\_ No \_\_\_\_\_ I would prefer to receive MARAC election ballots in electronic format.
- Yes \_\_\_\_\_ No \_\_\_\_\_ I would prefer to receive membership renewal forms in electronic format.

**MARAC COMMITTEES:**

*Please check the committee(s) 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"/> 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           |

**INSTITUTION CATEGORY:**

*Please check the category which best describes your institution:*

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <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           | <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 membership dues payment.