

MARAC

Mid-Atlantic Regional Archives Conference

Invoice Date: July 1, 2017
2017-18 MEMBERSHIP RENEWAL
Due By: September 30, 2017

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

Name:
Address 1:
Address 2:
Address 3:
City, State Zip:

Is the address above your work address? 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 continue communicating 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.

CONTACT INFORMATION:

Please include your most recent contact information so that we can update our database as needed.

Institution:

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 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 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 membership renewal payment.