

Application for SASS Membership

Name: _____ Date: _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

Role: (check one)

___ college/university student; ___ high school student; ___ faculty; ___ staff:

___ professional (indicate specific role) _____

Institution/Church affiliation: _____

Membership Category:

Student rate: \$5/yr x ___ number of years = Total: _____

Professional rate: \$10/yr x ___ number of years = Total: _____

Lifetime member: Total \$100

Please print and return this completed form with appropriate payment to:

Dr. Tara Kishbaugh, SASS Secretary
Eastern Mennonite University
Department of Chemistry
1200 Park Road
Harrisonburg , VA 22802