



Membership Form 2009/2010

Please select your membership level and send the completed form with a check payable to:

Seattle Area Archivists
P.O. Box 95321
Seattle, WA 98145-2321

- Professional Membership \$15
- Student Membership \$10

Name: _____

Title: _____

Affiliated Institution: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Get More Involved!

- I am interested in hosting a membership meeting at my repository
- I am interested in volunteering to serve on a future steering committee
- I am interested in writing a story for the Seattle Area Archivists newsletter

Additional Comments

Have ideas for future meeting topics? Other comments?