

Mail-in membership form for

Institutional Members

Date: _____

This institution is a:

- New member
 Renewing member

Institution name	
Contact name	Contact email
Contact title	
Contact's field of specialization*	

* Please give the period, region, and area of your work.

Institution street address 1	
Institution street address 2	
City	State or province
Postal code	Country
Telephone (optional)	

Check all that apply:

- SHERA is welcome to include this information in the Membership Directory, which will be distributed only to SHERA members.
- Please do not list this information in the Membership Directory.
- Please list my institution on the Members page of our website.

Please make your \$150 check payable to SHERA and send it to:

Ksenia Nouril
659 Jefferson Avenue, Apt. 3
Brooklyn, NY 11221