

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:

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 History of Art
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 Ann Arbor, MI 48109-1357