



**RENAISSANCE SOCIETY MEMBERSHIP
APPLICATION FALL 2024/SPRING 2025
PLEASE COMPLETE ONE FORM FOR EACH MEMBER**

Please Print

Have you been a member prior to this year? YES NO

First Name	Last	Date

Address: Street	City	Zip

Phone	Email

Emergency Contact: Name	Emergency Contact: Phone

Membership Fee Library Card Fee (\$10) Donation for Renaissance Society General Programs** <p align="right">TOTAL:</p>	<p align="center">\$100.00</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
** Do you want your donation to be anonymous? ___ Yes ___ No	<p>Note: There will be no refunds</p>

Make check payable to:

**The Renaissance Society
California State University, Sacramento
6000 J Street – Mail Stop 6074
Sacramento, CA 95819-6074**

QUESTIONS

1. What is your ethnicity?
 - African American
 - Asian American
 - Hispanic/Chicanx/Latinx
 - Native American
 - Other/Multi-racial
 - Pacific Islander
 - Caucasian
 - Decline to state

2. What is your gender?
 - Male
 - Female
 - Non-binary
 - Decline to state

3. Year of birth: _____

4. Do you want your name, email, and phone number listed in the Membership Directory?
 - Yes No

5. Do you need a new name badge for on-campus activities?
 - Yes No

6. Preferred name for badge: _____

Signature and Date: _____