



**RENAISSANCE SOCIETY MEMBERSHIP
APPLICATION 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">\$60.00</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
** Do you want your donation to be anonymous? ____ Yes ____ No	<p align="center">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. Original Renaissance join date: _____

5. Do you want your name, email, and phone number listed in the Membership Directory?

- Yes No

6. Do you need a new name badge for on-campus activities?

- Yes No

7. Preferred name for badge: _____

Signature and Date: _____