

**MEMBERSHIP RENEWAL FORM**

\_\_\_\_\_ I am enclosing $20, as I wish to remain an active member for 2016.

\_\_\_\_\_ Payment in ADVANCE. I am enclosing $ \_\_\_\_\_\_\_\_\_ to extend my active membership

\_\_\_\_\_\_\_\_\_\_years at $20 per year.

\_\_\_\_\_ I would like to donate $\_\_\_\_\_\_\_\_\_ to be used for scholarships and various activities.

Please note that your membership fee will cover the initiation/awards reception fee. The names of active members will be included on the GSD website and also recognized at the initiation/awards ceremony.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return the check and completed form to*:**

**Dr. John Ewing**

**215 Ferguson Building**

**The Pennsylvania State University**

**University Park, Pennsylvania 16802**