

**MEMBERSHIP RENEWAL FORM**

\_\_\_\_\_ I am enclosing $20, as I wish to remain an active member for 2018.

\_\_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Dr. Daniel Foster**

**211 Ferguson Building**

**The Pennsylvania State University**

**University Park, Pennsylvania 16802**