RENAISSANCE SOCIETY
SACRAMENTO STATE

# RENAISSANCE SOCIETY MEMBERSHIP APPLICATION SPRING 2026

**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** | **$70.00** |
| **Library Card Fee ($10)** | **$ _____** |
| **Donation for Renaissance Society General Programs**** | **$ _____** |
| **TOTAL:** | **$ _____** |
| ** Do you want your donation to be anonymous? ____ Yes _____No | **Note: There will be no refunds** |

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: _____