



**RENAISSANCE SOCIETY MEMBERSHIP  
APPLICATION FALL 2026/SPRING 2027  
PLEASE COMPLETE ONE FORM FOR EACH MEMBER**

**Please Print**

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

First Name	Last	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: Street	City	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email
<input type="text"/>	<input type="text"/>

Emergency Contact: Name	Emergency Contact: Phone
<input type="text"/>	<input type="text"/>

<b>Membership Fee</b> <b>Library Card Fee (\$10)</b> <b>Donation for Renaissance Society General Programs**</b>	<b>\$120.00</b> \$ _____ \$ _____ <b>TOTAL:</b> \$ _____
** Do you want your donation to be anonymous? ____ Yes ____ No	<b>Note: There will be no refunds</b>

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: \_\_\_\_\_