RENAISSANCE SOCIETY MEMBERSHIP APPLICATION SPRING 2024
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	**$60.00**
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. 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: _____