Stude Membership Application
Please mail or e-mail completed application with payment to
SARA PA Counci
860 1st Ave, Suite 9A, King of Prussia, PA 1940e
Phone: (610) 337-4559

Attention: SARA PA Council 860 1st Ave, Suite 9A, King of Prussia, PA 19406 Phone: (610) 337-4555 sara.pa.council@gmail.com www.sarapa.org

1) Last Name(Please Type)	First	M.I
2) Information for Society Records: Ple	ease complete all information. Check approp	riate box for mailing address.
School	School Residence	Permanent Residence
School Name	Dormitory/ Apartment	Address
Address	Address	City/State/Zip
Department	City/State/Zip	Phone/Fax No. (include area code)
City/State/Zip	Phone/Fax No. (include area code)	E-Mail Address
Phone/Fax No. (include area code)	E-Mail Address	<u>—</u>
E-Mail Address	-	
Home Page URL	_	
3) Course of Study and Degree:		
4) Anticipated Date of Graduation:		
5) Current Membership in Other Professiona	al Organizations:	
6) SARA Membership Dues: \$25.00		
Signature of Applicant		Date
Referred By:		
	ole to the Society of American Registered Arc	_
Charge By:	☐ MasterCard ☐ American Expre	ess Discover
Credit Card Number:		Expiration Date:
CVV Security Code: Bi	illing Zip Code:	
Signature:(Not valid unless signed)		