



SACNAS New PhD / Postdoc Membership Waiver Form

SACNAS offers substantial support for your scientific career and the opportunity for you to give back to the next generation of minority scientists! Thank you for being a member and staying connected with your community! (*The New PhD/Postdoc membership fee is waived for one year for individuals within the first five years of doctorate completion.*)

* Information is required

Member Information (please type or print neatly)

Select One: NEW MEMBER RENEWING MEMBER, SACNAS ID # (if known) _____

Full Name* Dr. _____

Mailing Address* _____

Day Phone* () _____ Fax () _____

Home Phone () _____ Email* _____

Birthdate (mm/dd/yyyy) _____ Gender Female Male

With which ethnicity(ies) do you most identify?*

- | | |
|---|---|
| <input type="checkbox"/> Chicano/Mexican-American | <input type="checkbox"/> Latina/o |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African American | Affiliation: _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Decline to State | <input type="checkbox"/> Caucasian/White |

Doctorate Information* (We will contact you re: announcing your degree in the SACNAS News)

Dissertation Title: _____

Institution & Department: _____

Advisor Full Name: _____

Degree Field: _____ Date: _____

PhD MD MD/PhD DrPH EdD Other: _____

Current Occupation*

Postdoc Faculty Precollege Teacher Research Scientist Other: _____

Employer: _____

Title: _____

Field/Concentration: _____

Research Interests: _____

Membership Type*

New PhD/Postdoc Member ~~\$45.00~~ (waived)

I would like to make a contribution to the SACNAS annual campaign in the amount of \$ _____

Payment

Check or Money Order (*Make checks payable to SACNAS*)

Visa MasterCard American Express

Credit Card # _____ Exp. Date _____ CRV # _____

Name on Account _____ Amount to Deduct \$ _____

Signature _____

SACNAS, P.O. Box 8526, Santa Cruz, CA 95061-8526

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