

Georgia Association of Historians

Institutional Membership Registration

Please type or write clearly on this form.

Office Use Only:

Received on: _____

Check #: _____

Receipt #: _____

INSTITUTIONAL MEMBERSHIP FOR 2023			
Institution Name:			
University	\$75	Two-year college	\$25
Four-year college	\$50	Supporting organization	\$35

Please provide a contact person for this institution.

Contact Name	
Title	
Address	
E-mail	
Phone(s)	

Make check payable to Georgia Association of Historians.

Print and mail this completed form as well as a check or money order to:

[April-August] GAH c/o Lisa L. Denmark
405 East 60th Street
Savannah, GA 31405

Institutional Registration Receipt will be sent via e-mail.