



Society for Eighteenth-Century Music Membership Form

I would like to begin / renew my membership to SECM

Name _____

Institution _____

Address _____

Telephone _____ Fax _____

E-mail _____

Research _____

Interests _____

Opt-out of paper newsletter, and receive PDF only:

The membership year extends from 1 January to 31 December

Regular rate	\$40	\$ _____
Reduced rate (student/retired/emeritus/income < \$30,000)	\$20	\$ _____
Institutional rate	\$45	\$ _____
Lifetime rate	\$500	\$ _____

Additional contribution

To SECM \$ _____

To the Sterling E. Murray Fund for Student Travel \$ _____

Total \$ _____

Please make checks payable to the Society for Eighteenth-Century Music, and send to:

Society for Eighteenth-Century Music
2885 Sanford Ave SW #25803
Grandville, MI 49418