



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 _____

The membership year extends from 1 January to 31 December

Regular rate \$30 \$ _____

Reduced rate \$15 \$ _____

(student/retired/emeritus/income < \$30,000)

Institutional rate \$35 \$ _____

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