MEMBERSHIP APPLICATION FORM

Please circle one:  Mr. / Ms. / Dr. / Prof. / Other _______________
Name: ____________________________________________________________________

HOME ADDRESS

Address 1: ________________________________________________________________
Address 2: ________________________________________________________________
City: __________________________ State: ___________ Postal Code: ______________
Country: _______________________
Telephone: _____________________ Email: ________________________________

BUSINESS ADDRESS

Company: ___________________________________________________________________
Department: __________________________________________________________________
Address 1: ________________________________________________________________
Address 2: ________________________________________________________________
City: __________________________ State: ___________ Postal Code: ______________
Country: _______________________
Telephone: _____________________ Email: ________________________________

Please send mail to: Home [    ] Business: [    ]
Please list this address in the List Home [    ] Business: [    ]
Do not list my telephone number/s or email in the List of Members [    ]

MEMBERSHIP CATEGORY

Life: $ 1,250 [    ] Individual: $65 [    ]
Sustaining*: $ 250 [    ] Student**: $20 [    ]
Contributing*: $ 100 [    ]

* Any amount above the basic $65 Individual Membership fee is a tax deductible contribution to the Bibliographical Society of America. The BSA is a 501(c)(3) charitable organization.

** Student Members must enclose a photocopy of a current school I.D. or transcript.
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Credit Card Type (We only accept MasterCard and VISA) _____________________

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