

THE 1939 SOCIETY MEMBERSHIP FORM

New Member

Renewal

Member Information

First Name _____

Last Name _____

Mailing Address _____

Billing Address _____
(If different from mailing address)

Email _____

Membership Type

\$8/month – Supporter

\$19.39/month – Partner

\$39/month – Visionary

Payment Method

Visa

MasterCard

American Express

Payment Information

(Your credit card will be billed monthly)

Card Number _____ Expiration _____

Security Code _____