

Carl Brandon Society Membership Form



Name: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Primary Phone:

(please circle one: home work cellular)

Secondary Phone:

(please circle one: home work cellular)

Email address: _____

Web URL: _____

Membership:

(please circle one) new renewal

Regular (\$25 year) \$ _____

Sustaining (\$50/year) \$ _____

Institutional (\$100/year) \$ _____

Octavia E. Butler Scholarship Donation \$ _____

Other Donation \$ _____

Total \$ _____

Make check or money order payable to: The Carl Brandon Society

(To be marked by CBS representative) **Please renew your membership in:**
January April July October 20____

Check all that apply:

I want to:

Be added to the Carl Brandon email list

Be listed on the Carl Brandon Society Website as a member and/or donor

Receive announcements about upcoming Carl Brandon Society events

Volunteer to help (there are a lot of things we do that need your help)

What interests you in the Carl Brandon Society, and how did you hear about us?

For office use only:

Amount received: _____

Other notes: _____

Check number: _____

Date: _____

Mail to: The Carl Brandon Society, PO Box 23336, Seattle, WA 98102

white: member yellow: secretary pink: treasurer