

Membership Application/Renewal

(Feel free to mark "Same" if no changes.)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (*optional*): _____

E-mail (*optional*): _____

(Please print clearly—the above information will appear in the annual *Proceedings and Membership List*.)

Type of Membership (*check one*)

- Regular (\$30.00) \$ _____
- Joint (\$30.00) \$ _____
- Institutional (\$30.00) \$ _____
- Student (\$10.00) \$ _____
- Lifetime (\$500.00) \$ _____

Special Contributions (*optional*)

- Student Prize Fund \$ _____
- Endowment Fund \$ _____
- Special Projects/Publications Fund \$ _____
- General Gift \$ _____

In Memory of:

- Edward C. Aswell \$ _____
- C. Hugh Holman \$ _____
- Richard S. Kennedy \$ _____
- Ted Mitchell \$ _____
- Elizabeth Nowell \$ _____
- Maxwell Perkins \$ _____
- John S. Phillipson \$ _____
- Paschal Reeves \$ _____
- Richard Walser \$ _____
- Mabel Wolfe Wheaton \$ _____
- William B. Wisdom \$ _____
- Fred Wolfe \$ _____
- R. Dietz Wolfe \$ _____

In Memory/Honor of: _____ \$ _____

Total: \$ _____

The Society greatly appreciates your special contributions.

Make your check or money order payable in U.S. dollars to The Thomas Wolfe Society and send it, along with your completed membership form, to TWS Membership, P.O. Box 1146, Bloomington, IN 47402-1146.