

The Heinlein Society Membership Application Mail-In Form

Name: _____ Email Address: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Annual Membership Dues (please remit by check)

Lifetime Membership \$750: _____

Regular Membership \$45 annually: _____

*Supporting Membership \$15 annually: _____

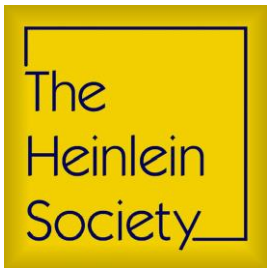
I wish to join and work on the following projects (check as many as you wish):

Membership: ___ Library Support: ___ Scholastics-Academics: ___ Blood Drives: ___

Fund Raising: ___ Education: ___

Other Projects I'd like to see The Heinlein Society work on: _____

*Supporting Membership is available only to students enrolled for a degree or certificate, or retired on a limited income. It confers no eligibility to vote or hold a Society Office.



The Heinlein Society
3553 Atlantic Avenue, #341
Long Beach, CA 90807-5606