



MEMBERSHIP APPLICATION
(Please Print)

NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY STATE ZIP _____

TELEPHONE: DAY _____ NIGHT: _____

EMAIL _____

MEMBERSHIP CATEGORY: *Please check one box only*

_____ Individual* **A** (\$40/year: 1 person)

_____ Business** **B** (\$85/year: 1 company)**

_____ Family* **F** (\$70/year: 2 people at one address; be sure to list BOTH names above)

Total \$ enclosed: \$ _____

From time to time the Publishing Triangle lends its mailing list to other worthy literary or LGBT groups. If you do **not** wish to be included in such mailings, please mark the "No" box below; if you do not fill this out we will assume you mean "yes".

_____ Yes _____ No

Mail this form with your check or money order (in US \$ only) to the address shown in our letterhead above. Thank you. (We are sorry, but we do not accept credit cards.)

* *Individual or Family members may change his/her/their associated mail address at any time, even if using a work address. The membership is tied to the person(s).*

** *Please list the company name beside "Name," a contact person and/or department beside "Address 1," and the company address beside "Address 2." If that contact person leaves the company, the membership remains with the company; it cannot be transferred to the person's home address. (Corporate membership is valuable for our Literary Awards programming.)*

Publishing Triangle Use:

Check Date:

Check No:

Check Amount:

Expdate: