

Hemingway Society and Foundation Membership Form

NAME: _____

ACADEMIC AFFILIATION: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTRY: _____

PHONE: _____ E-MAIL: _____

BILLING ADDRESS (If different from above): _____

NEW MEMBERSHIP or

RENEWAL MEMBERSHIP

(Membership is for a Calendar Year)

\$25 Student

\$30 US Retiree

\$40 US Regular Member

\$40 non-US Retiree

\$45 non-US Regular Member

DONATIONS: (tax deductible)

Please consider supporting the following:

Travel Grants Hinkle Scholar

\$5 \$10 \$20 \$25 \$_____

Lewis-Smith-Reynolds Fellowship

\$5 \$10 \$20 \$25 \$_____

PEN/Hemingway Award

\$5 \$10 \$20 \$25 \$_____

Total amount included: \$ _____

Check or Money Order No: _____

Date: ____/____/____

Please print this page, fill in the needed information and mail to:

The Hemingway Society
18 E. Rosevear Street
Orlando, FL 32804