



Friends Association Application Form

Member Information

Name: Mr./Mrs./Ms. (circle one) _____

Position: (optional) _____

Affiliation: (optional) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Membership Level

\$1000 Donor

\$500 Contributing

\$250 Sustaining

\$100 Supporting

Please apply: Student. Senior. Discount (20%). Copy of valid ID required.

Membership valid for one year after date joined

Payment

My check made payable to Americas Society is enclosed.

Please charge: American Express Visa MasterCard (check one)

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Please return this form by mail, fax, or email with payment to:

Americas Society
Attn: Membership
680 Park Avenue
New York, NY 10065
Fax: 212.249.5868 Attn: Membership
membership@americas-society.org

The Americas Society is a tax-exempt public charity described in 501(c)(3) and 509(a)(1) of the Internal Revenue Code of 1986.

Thank you for supporting our mission.

Americas Society | www.as-coa.org | membership@americas-society.org | 212.277.8359 ext. 4