Membership Application

Type:

- ☐ Renewal
- ☐ New Membership

☐ This Membership is a gift from: (circle one) Mr/Ms/Dr

_____

☐ I would like to make an additional tax-deductible contribution of:

$_____

☐ I work for a matching gift company. Company name:

_____

☐ I am enclosing a check made payable to Georgia Tech.

☐ I am paying by credit card.

Credit card type: ☐ Visa ☐ MasterCard ☐ AmEx

Credit card Number:

Expiration Date:

This Membership is for: (circle one) Mr / Mrs / Ms / Dr

_____

Membership Level:

_____

Address:

_____

_____

Home Phone Number:

_____

Work Phone Number:

_____

Fax Number:

_____

Email Address:

_____

Signature:

_____

Please mail completed Application and payment to the address below.

American Museum of Papermaking
Georgia Tech, Mail Code 0620
ATTN: Brian Calahan
500 10th Street NW
Atlanta, Georgia 30332-0620