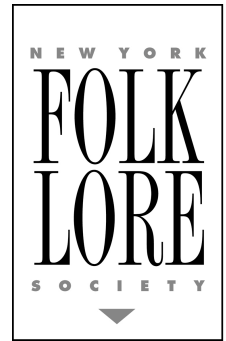


# NEW YORK FOLKLORE SOCIETY

## Membership Form



**Yes! I want to join the New York Folklore Society and become a subscriber to *Voices: The Journal of New York Folklore***

Title:  Mr.    Mr. and Mrs.    Miss    Ms.    Dr.    Prof.  
 Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City/State/Country/Zip: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Membership Level**

- \$40 Basic member       \$50 Joint (two or more at same address)  
 \$25 Full-time student     \$60 Organizations and institutions  
 \$25 Senior (65+)

**Note: please add \$10. for foreign memberships**

- New member**                       **Membership renewal**  
 **Gift membership** - *Introduce a friend or relative to the world of folklore*

**Make a tax-deductible donation and help support the organization that supports folklore!**

**\$60**                      **Supporting member**  
 **\$100 and up**            **The Harold W. Thompson Circle**

|                         | 2010     | 2011     |
|-------------------------|----------|----------|
| Membership dues         | \$ _____ | \$ _____ |
| Tax-deductible donation | \$ _____ | \$ _____ |
| Total                   | \$ _____ | \$ _____ |

**Payment Options**

- My check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed  
 Please make check payable to New York Folklore Society (US Funds)
- Please charge my Visa or MasterCard  
 Credit card number: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Cardholder signature: \_\_\_\_\_

**Mail membership form and check to:**  
 New York Folklore Society  
 PO Box 764  
 Schenectady, NY 12301-0764

**Phone or fax to process your new or renewal membership by credit card:**  
 518-346-7008, phone  
 518-346-6617, fax