

THE VICTORIAN SOCIETY IN AMERICA
NEW ENGLAND CHAPTER

Membership Application

This is a — New Membership Application Membership Renewal

Name (1)

Name (2)

Mailing Address

City, State, ZIP Code

E-mail Address (Optional)

Telephone — Daytime () _____

Evening () _____

Please indicate Membership Category (Check One):

Basic Rates

- Individual \$30.00
 Two Individuals (Same Address) \$45.00
 Non-Profit Institution \$30.00

Supporting Rates

- Friend \$50.00
 Patron \$100.00
 Corporate / Benefactor \$200.00

Please make all checks payable to VSA/NE and mail to:

*ATTN: Membership, VSA/NE
Edward W. Gordon
389 Massachusetts Avenue, Apt. #8
Arlington, MA 02474*