

# THE TONI MORRISON SOCIETY

## MEMBERSHIP FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
University Affiliation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### MEMBERSHIP INFORMATION

*Please check one:*

- Student Membership ..... \$25.00  
 Regular Membership..... \$50.00  
 Institutional Membership ..... \$200.00  
 Lifetime Membership..... \$500.00

### PAYMENT INFORMATION

**Form of Payment:**  Check  Credit Card

Check # \_\_\_\_\_ (*Payable to the Toni Morrison Society*)

**Credit Card:**  Visa  Mastercard  American Express

Name (*as it appears on card*) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Authorization Signature \_\_\_\_\_

Please Mail to: Toni Morrison Society, P.O. Box 54346, Atlanta, Georgia 30308.

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*Thank you for your support of the Toni Morrison Society.*