

Membership Application/ Renewal

(Feel free to mark "Same" if no changes from current membership.)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (optional): _____

E-mail (optional): _____

(Please print clearly—the above information will appear in the annual membership list.)

Type of Membership (check one)

Regular (\$30.00)	\$ _____	Institutional (\$30.00)	\$ _____
Joint (\$30.00)	\$ _____	Student (\$15.00)	\$ _____
Lifetime (\$500.00)	\$ _____		

Special Contributions (optional) *The Society greatly appreciates your special contributions.*

Student Grant Fund	\$ _____	Special Projects/Publications Fund	\$ _____
General Gift	\$ _____	Thomas Wolfe Prize and Lecture	\$ _____
Endowment Fund	\$ _____		

In Memory of:

Edward C. Aswell	\$ _____	Bill Poole	\$ _____
Aline Bernstein	\$ _____	Paschal Reeves	\$ _____
Matthew J. Bruccoli	\$ _____	Duane Schneider	\$ _____
Leslie Field	\$ _____	Richard Walser	\$ _____
C. Hugh Holman	\$ _____	Mabel Wolfe Wheaton	\$ _____
Richard S. Kennedy	\$ _____	William B. Wisdom	\$ _____
Ted Mitchell	\$ _____	Benjamin Wolfe	\$ _____
Elizabeth Nowell	\$ _____	Fred Wolfe	\$ _____
Jerry Leath Mills	\$ _____	Juila Wolfe	\$ _____
Maxwell Perkins	\$ _____	Dr. R. Dietz Wolfe	\$ _____
John S. Phillipson	\$ _____	W. O. Wolfe	\$ _____

In Memory/Honor of:

_____ \$ _____

Additional gift memberships for (please provide complete addresses): _____

Total: \$ _____

Make your check or money order payable in U.S. dollars to The Thomas Wolfe Society. Send it and the completed form to TWS Membership, P.O. Box 1146, Bloomington, IN 47402-1146. To use PayPal, go to thomaswolfe.org. For information on legacy giving, contact J. Todd Bailey: jtb@baileyattorneysatlaw.com.