

Hemingway Foundation and Society Membership Form

NAME: _____

ACADEMIC AFFILIATION: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTRY: _____

PHONE: _____ E-MAIL: _____

BILLING ADDRESS (If different from above): _____

- NEW MEMBERSHIP** or
- RENEWAL MEMBERSHIP**
(Membership is for a Calendar Year)
- \$25 Student
- \$30 US Retiree
- \$40 US Regular Member
- \$40 non-US Retiree
- \$45 non-US Regular Member

DONATIONS: (tax deductible)

Please consider supporting the following:

Hinkle Travel Grants

\$5 \$10 \$20 \$25 \$

Lewis-Smith-Reynolds Fellowship

\$5 \$10 \$20 \$25 \$

PEN/Hemingway Award

\$5 \$10 \$20 \$25 \$

Total amount included: \$ _____

Check or Money Order No: _____

Date: ____ / ____ / ____

Please print this page, fill in the needed information and mail to:

Gail Sinclair
Rollins College
1000 Holt Ave, Box 2770
Winter Park, FL 32789