Hemingway Society and Foundation
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:

Travel Grants □ Hinkle □ Scholar

□ $5 □ $10 □ $20 □ $25 □ $____

Lewis-Smith-Reynolds Fellowship

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:
The Hemingway Society
18 E. Roseverar Street
Orlando, FL 32804