Membership Form

Name: ________________________________________________________________

Institutional Affiliation (if any): __________________________________________

Address: ______________________________________________________________

City: __________________________ State/Prov.: ________ Postal Code: ________

Country: ______________________

Phone: __________________________ OK to include personal information in directory? Yes ___ No ___

E-mail: __________________________

Areas of interest in William James and related subjects: ______________________

________________________________________________________________________

Individual Membership Dues (75% tax deductible)

Standard (annual) Standard (biannual) Student (annual)
___ $25 for 1 year ___ $40 for 2 years ___ $5 for 1 year

Lifetime Membership
___ $500

Higher Levels of Annual Support (100% tax deductible)
(includes complimentary 2-year individual membership):

___ $100 Supporting Star ___ $150 Friend of William James
___ $200 Beacon Helper ___ $250 Benefactor

___ Other _____________ (amount enclosed)

________________________________________________________________________

Checks should be made payable to “William James Society”
and sent c/o Paul Stob, Treasurer
(Credit card payments can be made through our website)

WJS is a charitable organization – Section 501(c)(3) of the Internal Revenue Code

Visit our website at:
http://www.wjsociety.org
E-mail: info@wjsociety.org