The Aldus Society

Membership for 2027

Check One: ___ Renewing Member ___ New Member

Name: _____

Address: _____

City/State/Zip: _____

2nd Name (Family Memberships): _____

Phone 1: _____ Name _____ ☐ Mobile ☐ Work

Phone 2: _____ Name _____ ☐ Mobile ☐ Work

E-Mail: _____

2nd Name E-Mail: _____

My book-related Interests include: _____

_____

Speaker suggestions: _____

PLEASE INDICATE YOUR ANNUAL MEMBERSHIP LEVEL AND CONTACT PREFERENCES BELOW

Annual Membership Fee $_____

- ☐ *$50* for individuals
- ☐ *$75* for families
- ☐ *$25* for out-of-town individuals
  (living more than 100 miles from Columbus)
- ☐ *Free* for students or individuals under age 30

Donation to Annual Fund $_____

- ☐ *Bibliophile: $300* or more
- ☐ *Collector: $200 to $299*
- ☐ *Patron: $100 to $199*
- ☐ Contributor: Up to $99

Total Membership Fee & Donation **$_____**

Please check all appropriate:

- ☐ This is a new membership
- ☐ I am renewing my membership
- ☐ I prefer to receive ***print*** copies of newsletters by mail instead of reading an electronic copy

Please consider a tax-deductible donation

The Aldus Society is a 501(c)3 nonprofit organization, and your support is so very much appreciated. It is invaluable as we work to build quality programs and meet the rising costs of operations. We look forward to your continued involvement and to a bright future for The Aldus Society.

I am including an additional donation of $ _____ in support of the Ravneberg Memorial Lecture.

Return this form with your payment to:

The Aldus Society
850 Twin Rivers Drive
Box 163518
Columbus OH 43216

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