

The Horatio Alger Society
Membership Form

Name: _____ Today's Date: ____ / ____ / ____

Are you a new or renewing member?

New *Renewing* If renewing, what is your PF#? _____

MEMBERSHIP LEVEL

Standard (\$25/year) *Senior (65 or older) (\$20/year)*

Date of Birth: ____ / ____ / ____

CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: (_____) _____

OPTIONAL

Occupation: _____

Interests other than Alger: _____

Number of Algers owned: _____ How many are firsts? _____

Additional information or questions:

Thank you for your membership! Please mail this form, with payment, to:

The Horatio Alger Society
1004 School St.
Shelbyville, IN 46172