

The Horatio Alger Society

Membership Form

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

MEMBERSHIP LEVEL

☐ Standard (\$25/year)

☐ Senior (55 or older) (\$20/year)

☐ Sustaining (\$50)

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 joining! Please mail this form, with payment, to:

Horatio Alger Society
1004 School Street
Shelbyville, IN 46176