

**TENNESSEE WILLIAMS LEGACY FOUNDATION
MEMBERSHIP FORM**

(by check)

Name(s) _____

Address _____

Email _____

Home Phone _____ Work _____

Choose a Membership Level

<input type="checkbox"/> Outer Critics Circle Award	\$75
<input type="checkbox"/> Golden Globe	\$140
<input type="checkbox"/> Tony	\$ 250
<input type="checkbox"/> Oscar	\$500
<input type="checkbox"/> Kennedy Center Honors	\$1,000
<input type="checkbox"/> Pulitzer	\$2,000
<input type="checkbox"/> Medal of Freedom	\$5,000

Make check payable to: TW Exhibit

Mail completed form and check to:

Tennessee Williams Exhibit

Membership

513 Truman Avenue

Key West, Florida 33040

Thank you for becoming a Tennessee Legacy Foundation member. Acknowledgement of receipt of this form and check will be sent by email or mail response with appropriate tax exempt information.

Do you wish to have your name included on a wall plaque list of Year 2016-2017 members?
yes _____ No _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.