# 2017 Gift Membership Form

## RECIPIENT INFORMATION

- Dr.  
- Prof.  
- Mr.  
- Mrs.  
- Ms.  
- Other  

**NAME**

**HOME ADDRESS**

**CITY**  
**STATE/PROVINCE**

**POSTAL CODE**  
**COUNTRY**

**PHONE**

**EMAIL**

## GIVER INFORMATION

**GIFT GIVER NAME**

**BILLING ADDRESS**

**CITY**  
**STATE/PROVINCE**

**POSTAL CODE**  
**COUNTRY**

**PHONE**

**EMAIL**

## MEMBERSHIP DUES

**Membership Options**

- [ ] Regular Membership ...........................................$100
- [ ] Reduced (students, seniors 70 and over, and members earning less than $50,000 a year) .................................. $50
- [ ] Premium Membership ............................................$150

## TOTAL CONTRIBUTION $ ___

I would like to pay by

- [ ] Visa
- [ ] Mastercard
- [ ] Discover
- [ ] American Express
- [ ] Check*

**CREDIT CARD NUMBER**

**EXPIRATION DATE ____ / _____**  
**CVV2 NUMBER ____**

**AUTHORIZING SIGNATURE**

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