

Membership/Contribution Form - The James Jones Literary Society

Name _____ Phone _____

Address _____

___ I wish to become a member of The James Jones Literary Society and have enclosed the annual dues payment of \$15.

___ 1-Year Membership, Couple - \$25.

___ 4-Year Individual - \$50.

___ Life Individual - \$250.

___ I support the activities of The Society and would like to make a contribution. Enclosed is a check for \$_____.

Make checks payable to The James Jones Literary Society and mail to The James Jones Literary Society, P.O. Box 68, Robinson, IL 62454. Contributions are tax-deductible. This form may be duplicated for additional memberships and/or gifts.