

TEXTILE SOCIETY *of* AMERICA

Membership Registration & Renewal Form – Institutional Memberships

Member Information

Organization Name: _____

Street Address: _____

City/State/Zip: _____

Country: _____

Billing Information

Institutional Member, \$150/year

*Optional TSA donation _____

Total Payment _____

Card Type _____

Credit Card Number: _____

3-digit security code: _____

Expiration date: _____

Name as it appears on card: _____

Billing street address: _____

City/State/Zip: _____

Country: _____

Phone: _____

If you would prefer to send a check please make it out to *Textile Society of America* and send it along with a printed copy of this form to the address below

First Person to Receive Benefits

Prefix: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Title: _____

Email: _____

Phone

Work: _____

Home: _____

Cell: _____

Second Person to Receive Benefits

Prefix: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Title: _____

Email: _____

Phone

Work: _____

Home: _____

Cell: _____