

# TEXTILE SOCIETY *of* AMERICA

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## 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: \_\_\_\_\_