

## **Student Membership**

└ Student: \$20 (US)*	Must send proof of being a	full-time student and have approval before sending
discounts for display ads ir ○ Caerdroia: The Jo	bi-monthly newsletter, listing in Meml on the marketplace, special Gathering I ournal of Mazes & Labyrinths (digita ys - a digital journal focusing on healt	l issue)
Name (1)		_
College or University Name		
Student Address		
City		State/Province
Zip or Postal Code		Country
Telephone (1)		Telephone (2)
Email (1)		
Email (2)		
Website Homepage Address:		
	Important!! Plea	se select one option
Yes, include my/our name(s) and contact information in the Member Directory		
Do <u>NOT</u> include my/our name(s) and contact information in the Member Directory		
Payment (pl	ease select one):	losed (\$US only) USA MasterCard
Credit Card Number		Verification Code (3 digits):
Name on Card		Expiration Date:/
Billing Address (if different than	above)	
Cardholder Signature Date:		Date:

Please email form to  $\underline{info@labyrinthsociety.org}$  Or send completed form with payment to:

Membership Services The Labyrinth Society P.O. Box 727 Hilton, NY 14468 USA