

ELNA MEMBERSHIP FORM

Name: _____
Address: _____
City & State: _____
Postal Code & Country: _____
Phone: _____
Fax: _____
e-mail address(es): _____
Amateur radio call: _____
Birthdate (MM/DD/YY): __/__/__

If you are interested in joining the Universala Esperanto Asocio, please request that information be sent.

Please show the type of membership or support by an X in the appropriate brackets. All memberships are on a calendar-year basis: Jan 1 - Dec 31. For items marked (*) we must have your birthdate.

Note: Your address, telephone and fax numbers and computer network address will be published in the yearly membership list unless you indicate otherwise here:

Do NOT publish: address phone number fax number network address

Membership Categories

- Individual..... \$40.00
- Family..... \$60.00
- Sustaining..... \$80.00
- Life (*)..... \$800.00
- Youth (*Under 27)..... \$20.00
- Limited Income.... \$20.00

Other Forms of Support

- Friend of Esperanto.... \$10.00
- Donation... \$ _____

Credit Card Payments:

- Visa Mastercard

Card Number: _____

Expiration Date: __/__/__

Return this form with payment to:
Esperanto League for North America
P.O. Box 1129
El Cerrito CA 94530