2024 Membership & Donation Form

Use this form if you are joining or renewing by mail. Otherwise, use the SOF website: ShakespeareOxfordFellowship.org (click "Join & Renew" or "Donate" on menu bar).

| Membership: | New Membe | r | _ Renewal | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|-----------|-------|--|
| Full Membership (includes four printed newsletters mailed to you and other features) | | | | | |
| Individual: US (\$89) Canada (\$96 US) Other Countries (\$107) | | | | | |
| Family: US (\$104) Canada (\$111 US) Other Countries (\$122) | | | | | |
| Basic Membership (provides online access to the Newsletter and all other features | | | | | |
| Individual: all locations (\$49) | | | | | |
| Family: all | Family: all locations (\$64) | | | | |
| Lifetime Membership (see SOF website for details) | | | | | |
| Individual: all locations (\$1,550) | | | | | |
| Family: all | Family: all locations (\$1,604) | | | | |
| Student access (provides online access to SOF publications, but does not confer membership; please enclose a student photo ID): Free (all locations) | | | | | |
| Donation: I would like to make a donation to the SOF: Amount \$ | | | | | |
| Payment: Total (add dues and donation) \$ | | | | | |
| Name(s): | | | | | |
| Address: | | | | | |
| Email(s): | | | Telephone | | |
| Make checks payable to: SHAKESPEARE OXFORD FELLOWHIP | | | | | |
| If paying by credit | card, enter information | on below: | | | |
| Name on card (if different from above): Card Number: Expiration date: CVC#: | | | | | |
| Card Number: | | Expiration da | te: | CVC#: | |
| Signature: | | | | | |
| (Note: If paying by credit card, your membership and donation payment will automatically renew each year. For details, contact | | | | | |
| info@shakespeareoxfordfellowship.org) | | | | | |

MAIL TO: SOF, P. O. BOX 66083, AUBURNDALE, MA 02466-0083