



The English-Speaking Union

of the United States

DESERT BRANCH MEMBERSHIP RENEWAL

(The ESU membership year is July 1, 2011 – June 30, 2012)



(Please print, fill in any blanks and make all necessary corrections)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (home) _____ **EMAIL:** _____
(cell) _____

Please provide your e-mail address to receive newsletters and invitations to events. The ESU will not share or publish your e-mail address.

PLEASE INDICATE YOUR MEMBERSHIP CATEGORY AND YOUR PAYMENT PREFERENCE:

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Single: | \$ 50 | <input type="checkbox"/> Couple: | \$ 70 |
| <input type="checkbox"/> Contributor Single: | \$ 75 | <input type="checkbox"/> Contributor Couple: | \$100 |
| <input type="checkbox"/> Patron: | \$100 | <input type="checkbox"/> Patron Couple: | \$150 |

OR

PLEASE RENEW AS A NATIONAL PATRON (Membership dues are included):

- | | | | |
|--|-------|---|---------|
| <input type="checkbox"/> National Donor | \$300 | <input type="checkbox"/> President's Circle | \$1,000 |
| <input type="checkbox"/> National Sponsor | \$500 | <input type="checkbox"/> Chairman's Circle | \$2,500 |
| <input type="checkbox"/> Sustaining Member | \$750 | <input type="checkbox"/> National Fellow | \$5,000 |

National patronage supports meaningful cultural and educational programs that enrich the lives of our members, teachers in ESU communities and thousands of high school and college students nationwide. National Patrons receive local and national recognition and invitations to exclusive events. Up to one half of your contribution may be designated to support your branch. Please indicate amount to be designated to your branch: \$_____ For more information contact Headquarters at 212-818-1200.

ADDITIONAL BRANCH CONTRIBUTION(S):

- Branch Scholarship Fund \$_____ Branch Shakespeare Fund \$_____

Payment:

- I enclose a check made payable to The English-Speaking Union in the envelope provided.
 I prefer to pay by credit card. Total: \$_____

If paying by credit card, please complete the following information and return this form in the enclosed envelope. Or you may fax the completed form to 212-867-4177, attention: *Membership*.

- VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card # _____ Exp. date _____

Name (as it appears on card) _____

Billing address _____

Signature (as it appears on card) _____

***The English-Speaking Union of the United States is a 501(c)(3) organization.
Membership contributions are tax deductible to the extent permitted by law.***

National Headquarters, 144 East 39 Street, New York, NY 10016
Phone: (212) 818-1200 • Fax: (212) 867-4177 • E-mail: info@esuus.org

Education. Scholarship. Understanding.