

# Subscription Order Form and Membership Application



Category of Membership or Subscription (Select that which most accurately applies to you. Reduced rates for serving personnel are available through pay allotment at your pay office. For Complementary copies please provide business address information).

Current Date

**Is this a Gift Subscription, Membership?**

No (Complete Part A Only)

Yes (Complete Parts A and B)

## Part A - Personal Information of the Subscriber/Individual seeking membership or the Individual purchasing the Gift

Name of Business, Office or Educational Institution (for Complementary Requests or Library Requests)

Name

Address

City

Prov - State

Postal - Zip Code

Country

Phone Number

## Part B - Personal Information of the Person Receiving the Magazine and/or Membership as a Gift

Name

Address

City

Prov - State

Postal - Zip Code

Country

Phone Number