



New Membership: _____

Membership Renewal: _____

Membership Levels:

WB2030 Student (ages 18 - 39; attach copy of current student ID): \$20 _____

WB2030 Young Professional (ages 20 - 39): \$30 _____

Individual (\$100) _____ Family (\$150) _____ Small Organization (\$250) _____

Name (Primary Designee)*: _____

Organization (for Small Organizations only)*: _____

Mailing Address: _____

_____ Zip: _____

Phone: _____ Fax: _____ Email: _____

I want to help WorldBoston reduce its mailing costs. Please send all correspondence via email.

**Please provide contact information for Primary Designee and attach contact information for each additional Designee on a separate sheet.*

Payment:

Check enclosed (made payable to WorldBoston)

Charge my Visa / MasterCard / AMEX: _____

Exp.: ___/___ Security Code: _____

Membership \$ _____

Contribution** \$ _____

Total Enclosed \$ _____

*** I understand that my member dues help defray the cost of providing member benefits. Therefore I also wish to make a tax-deductible contribution to WorldBoston. WorldBoston is an independent, nonpartisan, 501(c)3 non-profit organization.*

Please print form and mail to:

WorldBoston
Attn: Membership
East Building 1, Suite 300
212 Northern Avenue
Boston, MA 02210

THANK YOU FOR YOUR SUPPORT!