



# Membership Form

Individual: \$50(US)\*    
 Supporting: \$75(US)    
 Household or Organization: \$130(US)    
 Lifetime: \$1,250(US)

- **Individual** members receive bi-monthly newsletter, listing in Member Directory, basic entry in online marketplace if desired, substantial discounts for display ads in the marketplace, and \$75 discount off Annual Gathering registration.  
\*Two or more individual members residing at the same postal address receive \$5 discount per member.
- **Supporting** members receive all benefits of an individual member plus:
  - *Caerdroia: The Journal of Mazes & Labyrinths* (issued in the Fall)
  - *The Labyrinth Path* [tentative title] – a new journal focusing on health, literary, art, and spiritual articles (issued in the Spring)
  - \$100 discount off Annual Gathering registration
- **Household** members receive all benefits of a supporting member as well as \$100 discount off Annual Gathering registration for each resident in the household.
- **Organization** members receive all benefits of a supporting member as well as \$100 discount off Annual Gathering registration for four members of the organization.
- **Lifetime** members receive all benefits of a supporting member for the lifetime of the member.

Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_

Name (3) \_\_\_\_\_ Name (4) \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (1) \_\_\_\_\_ Telephone (2) \_\_\_\_\_

Email (1) \_\_\_\_\_

Email (2) \_\_\_\_\_

Website Homepage Address: \_\_\_\_\_

**Important!! Please select one option**

- Yes, include my/our name(s) and contact information in the Member Directory  
 Do **NOT** include my/our name(s) and contact information in the Member Directory

Payment (please select one):     check enclosed (\$US only)     VISA     MasterCard

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form with payment to:

**Membership Services**  
**The Labyrinth Society**  
**P.O. Box 736**  
**Trumansburg, NY 14886-0736 USA**