



Individual TAP Membership (Web)

Name _____

Address _____

City _____

State _____

Zip or Postal Code _____

Country (if other than the US) _____

Phone Number _____

Email Address _____

Please check all that apply:

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Elementary Ed. | <input type="checkbox"/> Adult Ed. |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Secondary Ed. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parent | | <input type="checkbox"/> Higher Ed. | |

Level of Support (All donations are tax deductible):

- Student—donation of \$10 or more—*Receive newsletter via e-mail*
- Member—donation of \$20 or more—*Receive newsletter via e-mail*
- Friend—donation of \$35 or more—*Receive newsletter via e-mail and tote bag*
- Sponsor—donation of \$100 or more—*Receive hard copy of newsletter, tote bag and essay contest booklet*
- Patron—donation of \$250 or more—*Receive hard copy of newsletter, tote bag and essay contest booklet*
(With permission, we will list sponsors and patrons in our brochure and on our website).
- Other amount: _____
- One-time donation: _____ *Please indicate amount*

- I would also like to donate my time to help with mailings, event planning, essay contests, etc.; please contact me with information about how I can help TAP.

How did you hear about TAP? _____

Credit Card—please check one: Visa MasterCard American Express Discover

Name on Card (please print) _____

Credit Card Number _____

3-4 digit Card Security Code _____

Expiration Date _____

Signature _____

Please return this form with your tax deductible donation to

TAP
116 New Norwalk Road
New Canaan, CT 06840