



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:

Teacher

Student

Elementary Ed.

Adult Ed.

Administrator

Other: _____

Secondary Ed.

Other: _____

Parent

Higher Ed.

Level of Support (All donations are tax deductible):

Student—donation of \$10 or more—*Receive journal via e-mail*

Member—donation of \$20 or more—*Receive journal via e-mail*

Friend—donation of \$35 or more—*Receive journal via e-mail and tote bag*

Sponsor—donation of \$100 or more—*Receive hard copy of journal, tote bag and essay contest booklet*

Patron—donation of \$250 or more—*Receive hard copy of journal, 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: Master Card Visa American Express

Name on Card (please print)

Credit Card Number

Expiration Date

Signature

Please return this form with your tax deductible donation to

TAP

58 Pine Street

New Canaan, CT 06840