

The Weston A. Price Foundation Membership Form

Yes! I would like to join the Weston A. Price Foundation and benefit from the timely information in **Wise Traditions**, the Foundation's quarterly magazine!

____ Regular membership \$40
____ Student membership \$25
____ Senior membership \$25 (62 and over)

____ Canadian membership \$ 50
____ Overseas (credit card payment only) \$ 50

Yes! I would like to help the Weston A. Price Foundation by becoming a member at a higher level of support.

____ Special membership \$100
____ Sponsor membership \$250
____ Patron membership \$500

____ Benefactor membership \$1,000
____ Millennium membership \$10,000
____ Other \$ ____

Yes! Count me in! I would like to help spread the word!
Please send me _____ copies of the Weston A. Price Foundation informational brochure at \$1.00 each, so I can pass them along to my family, friends and colleagues and be true to Dr. Price's dying words:
"You teach, you teach, you teach!"
(Health professionals are encouraged to provide this brochure to their patients.)

Yes! I would like to provide my family and friends with the gift of membership in the Weston A. Price Foundation.
(Please attach information on gift memberships.)

____ Regular gift membership(s) \$40
____ Student/Senior gift membership(s) \$25
____ Canadian and overseas gift membership(s) \$50

Yes! ____ Please send me details about forming a Weston A. Price Foundation local chapter in my community.

I'm enclosing \$ ____ for brochures and \$ ____ for ____ annual membership(s), a total of \$ ____ Payment method:

____ Check or money order (Please do not send cash) ____ Mastercard ____ Visa

Card Number: _____ Expiration Date: _____

Name (Mr)(Mrs)(Mr&Mrs)(Ms)(Miss)(Dr): _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Please fax to (202) 363-4396 or mail to
The Weston A. Price Foundation
PMB #106-380 4200 Wisconsin Avenue, NW Washington, DC 20016

Membership Introduction by: _____