



ABANA

Gift Membership Form

(Membership / recipient) Name: _____

(If they are engaged in) Business: _____

Street: _____

City: _____ State/Prov: _____

Zip/PC: _____ Country: _____

Phone: _____ E-mail: _____

Membership Type: Gift - New Membership

Gift - Renewal/Extension

Gift membership given by (credit card information)

<input type="radio"/> \$55-Regular (US, Mexico, Canada)	Name on Credit Card:
<input type="radio"/> \$50-Senior Membership (65+, US, Mexico, Canada)	Street:
<input type="radio"/> \$45-Full-time Student (US, Mexico, Canada)	City:
<input type="radio"/> \$65-Foreign	State:
<input type="radio"/> \$45-Public Library (US, Mexico, Canada)	Zip/PC:
<input type="radio"/> \$100-or more \$_____ Contributory Membership	Phone:

Card Number

Expiration Date

CVVS

Signature _____

Mailing information: ABANA, PO Box 3425, Knoxville, TN, 37927-3425 USA

or fax to (865) 215-9964

(Please pay by Check, US Money Order or Credit Card) Gift memberships can only be processed with this form.