



The American-Scandinavian Foundation

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|--|--------|---|--------|
| <input type="checkbox"/> SCANDINAVIA HOUSE ASSOCIATE | \$ 50 | <input type="checkbox"/> CONTRIBUTING ASSOCIATE | \$ 150 |
| <input type="checkbox"/> SCANDINAVIA HOUSE PARTNERS | \$ 65 | <input type="checkbox"/> SUPPORTING ASSOCIATE | \$ 300 |
| <input type="checkbox"/> FAMILY ASSOCIATE | \$ 125 | <input type="checkbox"/> SUSTAINING ASSOCIATE | \$ 500 |
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- | | | | |
|---|--------|---|----------|
| <input type="checkbox"/> NATIONAL SENIOR ASSOCIATE | \$ 30* | <input type="checkbox"/> PATRON | \$ 1,000 |
| <input type="checkbox"/> NATIONAL STUDENT ASSOCIATE | \$ 30* | <input type="checkbox"/> PRESIDENT'S CIRCLE | \$ 2,500 |
| <input type="checkbox"/> NEW YORK SENIOR ASSOCIATE | \$ 40* | | |
| <input type="checkbox"/> NEW YORK STUDENT ASSOCIATE | \$ 40* | | |
| <input type="checkbox"/> NATIONAL / INTERNATIONAL ASSOCIATE | \$ 45* | | |

I would like to join at the membership level indicated above. My check or money order for \$ _____, payable to **The American-Scandinavian Foundation**, is enclosed. *For payment by credit card, please enter required information below.*

MR. / MRS. / MS. / DR.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Country / Countries of Interest: Denmark Finland Iceland Norway Sweden

I would like to purchase a **GIFT MEMBERSHIP** for:

MR. / MRS. / MS. / DR.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

GIFT MEMBERSHIP LEVEL _____

In addition to my membership fee, I am enclosing a tax-deductible contribution of \$ _____ to further support the ASF's work.

CREDIT CARD INFORMATION:

TYPE American Express MasterCard Visa TOTAL \$ AMOUNT CHARGE _____

CARD # _____ EXP. DATE _____

CARDHOLDER SIGNATURE _____

SEND COMPLETED FORM TO:

The American-Scandinavian Foundation
58 Park Avenue
New York, NY 10016

***Check the ASF website (www.amscan.org) to see if you qualify for this level.**
ANY QUESTIONS? Contact our Membership Department at +1 212.879.9779, or email: mem@amscan.org