



C. G. Jung Society
of the Triangle

Membership Application

Type of Membership (circle one):

- Individual \$35
- Household (two persons at same address) \$45
- Full-time Student (with ID) \$15

..... Date: _____

Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

HOW WOULD YOU LIKE TO BE CONTACTED?

Phone (day): _____ Phone (evening): _____

Email Address: _____

A SURVEY of Membership Interest

For future planning purposes, please tell the Board your preference:

How would you like to receive copies of the Newsletter?

_____ Postal mail only _____ Email only _____ Both ways

Please make check payable to: C.G. Jung Society of the Triangle**

****Mail to: Membership Chairperson: Donna R. Rehman, 230 Forest Hill Rd.,
Chapel Hill, NC, 27514****

Please do not write below this line

Check # _____ Directory _____ Database _____ Newsletter Labels _____