

**THE ENGLISH-SPEAKING UNION OF THE UNITED STATES**  
*Creating global understanding through English*

**INDIANAPOLIS BRANCH MEMBERSHIP FORM**  
*(Please fill in any blanks and make all necessary corrections)*

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**PHONE**

**FAX**

**EMAIL**

**PLEASE INDICATE YOUR MEMBERSHIP CATEGORY AND PAYMENT PREFERENCE**

- |                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Annual Single \$50              | <input type="checkbox"/> Junior Single (36 & under) \$40 |
| <input type="checkbox"/> Annual Family \$75              | <input type="checkbox"/> Junior Family (36 & under) \$55 |
| <input type="checkbox"/> Contributing Membership \$100   | <input type="checkbox"/> Sustaining Membership \$150     |
| <input type="checkbox"/> Additional contribution(s):     |                                                          |
| <input type="checkbox"/> Scholarship Fund \$             | <input type="checkbox"/> Advancement Fund \$             |
| <input type="checkbox"/> Shakespeare Initiatives Fund \$ | <input type="checkbox"/> Endowment Fund \$               |

- My company has a Matching Gift program. I've completed and enclosed the appropriate form.
- I would like information about the tax-saving opportunities of a planned gift to the ESU.
- I would like information on National Patron membership (\$250 to \$25,000) which annually supports national ESU programs, half of which may be designated for the Indianapolis Branch.

I enclose a check. **Please make it payable to *The English-Speaking Union* and return it with this form in the enclosed envelope.**

I prefer to pay by credit card. **Please complete the following information and return this form in the enclosed envelope. You may also fax the completed form to 212-867-4177, attention: *Membership*.**

VISA  MASTERCARD  AMERICAN EXPRESS

**Card #**

**Expiration date**

**Name (as it appears on card)**

**Signature (as it appears on card)**

***Your membership dues may be tax deductible. Please consult with your tax advisor.***

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