

Egyptian Study Society
PO BOX 102132
Denver CO 80250



Membership Application

Name: _____

Address: _____

City/ County*: _____ / _____

State: _____ Zip: _____

Is this a NEW address? Yes / No

Phone number (primary): _____

Optional second phone number: _____

EMAIL address: _____@_____

Membership level (please circle):

Individual: \$45	Sustaining: \$100
Family (2 or more at same address): \$60	Supporting: \$250
Contributing: \$75	Pharaoh's Friend \$500+

ESS Membership Badge: \$15 each _____ (check here if desired)

(spell out name to appear on badge) _____

→ Total Amount: \$_____.00

Please make check payable to Egyptian Study Society. // Paid via PayPal _____

Do you wish to be included in the Membership Roster? ____ Yes ____ No

*Why do we ask for your County?? To apply for grants via the Scientific and Cultural Facilities District (SCFD), we need to show which communities we serve.