

Dittrick Medical History Center Membership Form

Please print name and address as you wish it to appear on mailings:

Dr.

Mr. Miss.

Mrs. Ms. _____

Address _____

City _____ State _____ Zip _____

Membership Level (Circle One):

Associate Partner \$30.00 Sponsoring Partner \$250.00

Partner \$55.00 Senior Partner \$500.00

Sustaining Partner \$100.00 Fellow for Life \$1000.00

Please make check payable to the *Dittrick Medical History Center*.

Memberships are tax deductible to the extent noted.

International members must pay dues by check or money order, in United States dollars and drawn through their local bank, on a United States bank. Please do not send an International Money Order or a check drawn on a bank outside the United States.

Mail to:

Membership

Dittrick Medical History Center

Allen Memorial Medical Library

11000 Euclid Ave.

Cleveland, OH 44106-1714