

Library Membership Application

Please complete this form, sign, and bring or send it to us with a copy of a valid picture ID, proof of current address, and a check (payable to The C. G. Jung Institute) or credit card information for the membership fee to:

Library, C. G. Jung Institute, 2040 Gough St., San Francisco, CA 94109

Name: _____

HOME (required) Address : _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

BUSINESS (optional) Address : _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate your preferred mailing address: Home ___ Business ___

Educational Institution affiliation, if any (optional): _____

Membership categories and fees (please check one):

Individual, regular _____ \$65 per year

Library Circle supporter _____ \$115 per year

Friends of the Institute _____ \$100 per year
(includes Library privileges)

Check amount enclosed: _____

VISA / Mastercard # _____ Exp. Date: _____

Name on card: _____