

# The Indianapolis Propylaeum Membership Application



Membership Category: ☐ SINGLE ☐ COUPLE ☐ STUDENT ☐ CONTRIBUTING ☐ CORPORATE

Miss / Ms. / Mrs. / Mr.

First Middle Last

Address City State Zip

For Couple's Membership, Spouse/Partner's Name: First Last

For Corporate Memberships, Organization Name:

Address City State Zip

If you would like to be recognized on your birthday please list Applicant's birth month & day (not year)

PLEASE CHECK EACH ITEM TO BE LISTED IN THE MEMBERSHIP ROSTER

☐ Primary phone ☐ Secondary phone

☐ Email

Student membership Institution name and city

How did you hear about the Propylaeum?

What appeals to you most as a new member?

What would you like to know about the Propylaeum?

Signature Date