

Friends of the Yale Babylonian Collection

Membership Form

I wish to become a member.

I wish to give a gift membership.

Title:

Title:

Name:

Name:

Address:

Address:

City:

City:

State and Zip:

State and Zip:

Country (if not USA):

Country (if not USA):

Email:

Email:

Circle one:

Student/retired/military on active duty

\$35

Individual

\$50

Supporting

\$100

Sustaining

\$250

Patron

\$500

Enclosed is my check, made payable to Yale University/Babylonian Collection.

Mail to:

Yale Babylonian Collection

P. O. Box 208240

New Haven, CT 06520