

Marco Polo World Foundation

Membership Application Form

Last Name	First Name	MI_	
Spouse/Partner Name			
Street Address			
City	State	ZIP	
Telephone: Home:	Work:	Cell:	
E-Mail			
Employer/Business Affiliation	n	Occupation	
Marco Polo World Founda	tion Membership Dues Ca	itegories:	
☐ Student: \$20 per yea ☐ Individual: \$40 per ye ☐ Family (2 adults + chil ☐ Individual Lifetime: \$	ear Idren under 18): \$70 per ye	ar 🗆 Lifetime: 🗆	\$30 for 2 years \$70 for 2 years \$120 for 2 years \$500
Please send completed form to:	and check (made payable	to "Marco Polo V	World Foundation")
	orld Foundation al Lane, Building Three, S 39	uite 290	
•	arcopoloworldfoundation.org orldfoundation.org	1	
Signature		Date	
======================================	or Office Use Only =====		
Membership Status: New Me	ember Renewal	Start Date	
Payment: Amount \$	by Cash or Check #		