



# Individual TAP Membership (Web)

---

Name

---

Address

---

City

State

Zip or Postal Code

Country (if other than the US)

---

Phone Number

Email Address

**Please check all that apply:**

- |  |                                       |   |                                       |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Teacher       | <input type="checkbox"/> Student      | <input type="checkbox"/> Elementary Ed. | <input type="checkbox"/> Adult Ed.    |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Secondary Ed.  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parent        |                                       | <input type="checkbox"/> Higher Ed.     |                                       |

**Level of Support** (*Donations to **Teachers Against Prejudice**, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.:*)

- Student—donation of \$10 or more—*Participate in TAP's online discussion*
- Member—donation of \$20 or more—*Participate in TAP's online discussion*
- Friend—donation of \$35 or more—*Participate in online discussion and receive a TAP gift*
- Sponsor—donation of \$100 or more— *Participate in online discussion and receive two TAP gifts*
- Patron—donation of \$250 or more— *Participate in online discussion and receive three TAP gifts*  
(With permission, we will list sponsors and patrons on our website.)

- Other amount: \_\_\_\_\_
- One-time donation: \_\_\_\_\_ *Please indicate amount*

- I would also like to volunteer my time to help with mailings, event planning, essay contests, etc.; please contact me with information about how I can help **TAP**.

How did you hear about **TAP**? \_\_\_\_\_

---

Credit Card—please check one:     Visa     MasterCard     American Express     Discover

---

Name on Card (please print)                      Credit Card Number                      3-4 digit Card Security Code                      Expiration Date

---

Signature

Please return this form with your tax deductible donation to:

**TAP**  
381 Long Hill Road  
Wallingford, CT 06492

*Follow us on **Twitter***  
*Friend us on **Facebook***