



Registration Information
Please Print Clearly

REGISTRATION COPY #:

MEMBER 1: _____
 Address: _____
 Address 2: _____
 City: _____ State/Province: _____ Postal Code: _____
 Country: _____ Telephone: _____

Please list memberships for persons **living at the same address**. Please use different forms for people at different addresses.

Members will receive progress reports electronically. Upon request, we will send paper progress reports to members. We will send paper ballots to all attending and supporting members.

We collect your information to allow the convention committee and staff to provide you better services. Your personal information will be kept strictly confidential. Please read our privacy policy at:
[HTTP://WORLD FANTASY 2014.ORG/PRIVACY.PHP](http://worldfantasy2014.org/privacy.php)

Fee

MEMBER 1: SAME AS ABOVE **Circle One:** Attending/Supporting _____

E-mail: _____
 Don't add my name to membership list; Don't share my information with future WFCs; Send me paper publications

MEMBER 2: _____ **Circle One:** Attending/Supporting _____

E-mail: _____
 Don't add my name to membership list; Don't share my information with future WFCs; Send me paper publications

MEMBER 3: _____ **Circle One:** Attending/Supporting _____

E-mail: _____
 Don't add my name to membership list; Don't share my information with future WFCs; Send me paper publications

Buyer's Name (If Different): _____ **TOTAL PAID :** _____

Buyer's E-mail: _____

RECEIPT

Contact Us:
 2014 World Fantasy Convention
 P.O. Box 314
 Annapolis Junction, MD 20701
www.worldfantasy2014.org
info@worldfantasy2014.org

Member's Name: _____
 Received at: _____
 On: _____
 By: _____
 Payment was: Cash; Traveler's Check; Personal Check; Other

TOTAL PAID :

