MEMBERSHIP REGISTRATION FORM

Instructions: Consult the rate chart below, then fill out the membership form on the opposite side. You can complete one form for all members at the same mailing address and pay for all memberships with a single payment. Make checks payable to “WESTERCON 74.” Credit card charges will appear as SFSFC INC. Unless you check the “paper publications” box, if you provide an e-mail address, we will send you convention publications electronically. If you check the “Exclude from listings” box, we will exclude you from printed and electronic listings of our members. For reduced-price Young Adult, Child, and Kid-in-Tow memberships, the age mentioned is as of July 2, 2021. Attach an additional page if necessary for more members at the same mailing address.

Data Protection Notice: This information is being collected by SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC. for the purpose of administering Westercon 74. We will not share this information with any other organization, except that if the member participates in 2023 Westercon site selection, we will share the member’s information with Westercon 76. We will retain data until we have completed our responsibilities in operating Westercon 74.

<table>
<thead>
<tr>
<th>Membership Class</th>
<th>Voted in Westercon Site Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Attending (A)</td>
<td>$40</td>
</tr>
<tr>
<td>Supporting (S)</td>
<td>$20</td>
</tr>
<tr>
<td>Young Adult (Y)</td>
<td>$30</td>
</tr>
<tr>
<td>(age 13-19)</td>
<td></td>
</tr>
<tr>
<td>Child (C)</td>
<td>$20</td>
</tr>
<tr>
<td>(age 7-12)</td>
<td></td>
</tr>
<tr>
<td>Kid-in-Tow (K)</td>
<td>$0</td>
</tr>
<tr>
<td>(age 0-6)</td>
<td></td>
</tr>
</tbody>
</table>

You are purchasing a membership, not a ticket, per the Westercon Bylaws, available at http://www.westercon.org/organization/business/

Supporting members receive convention publications and have the right to participate in 2023 Westercon site selection (subject to paying an additional voting fee) but cannot attend the convention. Attending members receive all the rights of supporting members, plus the right to attend the convention. Young Adult and Child members receive attending membership rights. Kid-in-Tow members must always be under the supervision of an adult and receive no membership rights.

Membership rates are good through 31 December 2019 and may be extended at the discretion of the Westercon 74 committee.

“Westercon” and “West Coast Science Fantasy Conference” are service marks of the Los Angeles Science Fantasy Society, Inc. and is used by permission under the authority of the Westercon Bylaws. LASFS does not operate Westercon 74.
**WESTERCON 74 REGISTRATION FORM**

**Member 1 Name** __________________________________________

E-mail ______________________________________________________

Display Name __________________________________________________
(Leave blank to use member name)

- [ ] Send paper publications
- [ ] Exclude from listings

- [ ] Send paper publications
- [ ] Exclude from listings

**Membership Class** (circle one): A S Y C K

**Voted** (circle one): No Yes

**Amount Paid $**

**Member 2 Name** __________________________________________

E-mail ______________________________________________________

Display Name __________________________________________________
(Leave blank to use member name)

- [ ] Send paper publications
- [ ] Exclude from listings

- [ ] Send paper publications
- [ ] Exclude from listings

**Membership Class** (circle one): A S Y C K

**Voted** (circle one): No Yes

**Amount Paid $**

**Member 3 Name** __________________________________________

E-mail ______________________________________________________

Display Name __________________________________________________
(Leave blank to use member name)

- [ ] Send paper publications
- [ ] Exclude from listings

- [ ] Send paper publications
- [ ] Exclude from listings

**Membership Class** (circle one): A S Y C K

**Voted** (circle one): No Yes

**Amount Paid $**

**Mailing Address** __________________________________________

City __________________________________________________________

State/Province ________________________________________________

Zip/Postal Code ________________________________________________

Country _______________________________________________________

**Payment Type** (Circle one):

- [ ] Cash
- [ ] Check # _____ (payable to WESTERCON 74)
- [ ] Credit Card

**Total Amount Paid $**

**Cardholder Name** __________________________________________

**Credit Card Number** _________________________________________

**Type** (Circle one): Visa  MasterCard  American Express  Discover

**Billing Zip Code** ____________________________________________

**CVV Code** _________________________________________________

**Cardholder Signature** _______________________________________

**Mail forms to WESTERCON 74, PO BOX 61363, SUNNYVALE CA 94088-1363, USA**