



WAIT LIST FORM

Title: Dr. __ Mr. __ Mrs. __ Ms. __ Rev. __ Name _____

Address _____

City _____ State _____ Zip _____

Preferred Telephone _____ Alternate Phone _____

e-mail _____

Secondayr Address _____ Date _____

Secondary City _____ State _____ ZIP _____

With the exception of the Sponsor level, all categories have wait lists. Please check the category(ies) that you wish to join, numbering them by preference if you choose more than one. We shall contact you as soon as your name reaches the top of the list of the category(ies) you have listed. Some levels will open sooner than others.

Please do not send payment at this time.

_____ Member (\$300.00) or _____ Couple in same household (\$500.00)

_____ Library Benefactor (\$1,000.00)

_____ Patron Benefactor (\$1,000.00)

_____ Student Benefactor (\$1,000.00)

_____ Sponsor (\$5,000.00) (thank you - you have our undying gratitude!)

Please mail this application to:

LITERARY SOCIETY OF THE DESERT
75-270 Highway 111, Suite 204
Indian Wells, California 92210

_____ If we have an opening at the last minute for an event, would you like to be called to come as a guest at the \$85.00 guest fee?