SLOW FOOD MEMBERSHIP APPLICATION

Membership type:
___ individual ($60) ___couple ($75)
___new ___renewal

I would like to participate in the Kansas City, MO Convivium

Name _____
Last First
Street Address _____

City, State, ZIP _____

Day telephone _____ Evening telephone _____

FAX _____

E-mail _____

Please send me Slow in:
_____English _____ Italian _____ German _____ French

Method of payment:
_____ Check
_____Credit Card:
_____Visa _____ AmEx _____ Mastercard

|__|__|__|__||__|__|__|__||__|__|__|__||__|__|__|__|

Exp. Date |__|__/__|__|

Signature X_____

Cardholder name_____

Total Amount $_____

Please send payment and application to Slow Food Kansas City, Attn: Ms. Mariann Vandenberg, Travels With Taste, 5921 W. 88th Terrace, Overland Park, KS 66207.