

Membership Form

Become a member of the
Trent Associates for 2009
at one of the levels indicated:

_____	Member	\$25.00
_____	Contributing Member	\$50.00
_____	Sustaining Member	\$100.00

Gifts in kind are also appreciated and count toward membership.

Name: _____

Address: _____

*Make checks payable to **Duke University** and send to:
Trent Associates for the History of Medicine
Duke University Medical Center Library
Box 3702
Durham, NC 27710*