



THE C.G. JUNG INSTITUTE
OF SAN FRANCISCO

Library Membership Application

Please complete this form and bring or send it to us with a check (payable to C.G. Jung Institute of San Francisco) or credit card information for the membership fee to: **Library, C.G. Jung Institute, 2610 Mission St., San Francisco, CA 94110.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership categories and fees (please check one):

Individual, regular _____ \$70 per year

Individual, with Friends of the Institute _____ \$100 per year

Check amount enclosed, or credit card amount to be charged: _____

VISA / Mastercard # _____ Exp. Date: _____

Name on card: _____

Library User Signature _____

Please email library@sfjung.org or call 415.771.8055, ext. 207, to make an appointment for a library orientation. Allow approximately 15 minutes for your orientation.