



## MAIL SUBSCRIPTION

- 1 year \$140                       6 months \$70  
 3 months \$45                       other \_\_\_\_\_  
Each additional month \$14

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Credit card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

circle one



Mail to: The Advocate  
P.O. Box 1840  
North Adams, MA 01247  
or Call (413)664-6900 ext. 213