



Membership Form

Name: _____

Address: _____

Phone: _____

Email: _____

Please indicate membership category:

Member	\$25	<input type="checkbox"/>
Bronze	\$50	<input type="checkbox"/>
Silver	\$100	<input type="checkbox"/>
Gold	\$250	<input type="checkbox"/>
Platinum	\$500	<input type="checkbox"/>
Diamond	\$750	<input type="checkbox"/>
Benefactor	\$1000	<input type="checkbox"/>

Please complete membership form and submit it to the library.