



## Library Membership Enrollment Form

Organization Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zipcode\_\_\_\_\_

Contact Person (The person to whom membership cards, renewal notices, and other pertinent mailings will be sent):

Name\_\_\_\_\_

Title\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

### Membership Level:

- ☐ \$150 Single Library Membership      ☐ \$250 Dual Library Membership      ☐ \$450 Deluxe Library Membership

### Form of Payment:

☐ Check enclosed for \$\_\_\_\_\_ made payable to PAFA

☐ Please charge \$\_\_\_\_\_ to the credit card selected below

☐ Visa    ☐ MasterCard    ☐ American Express    ☐ Discover

Name on Credit Card \_\_\_\_\_

Card #\_\_\_\_\_ Exp. Date\_\_\_\_\_

Signature \_\_\_\_\_ Date:\_\_\_\_\_

Please return form and payment to: PAFA Membership Office, 128 N. Broad St, Philadelphia, PA 19102.  
To join or renew by phone, please call the Membership Office at 215-972-2077.  
To join or renew online, please visit [community.pafa.org/librarymembership](http://community.pafa.org/librarymembership).