



Pennsylvania Citizens for Better Libraries

Individual Membership Form

Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Individual Membership Levels

- | | |
|-------------------------------------|---------|
| <input type="checkbox"/> Benefactor | \$1,000 |
| <input type="checkbox"/> Patron | \$500 |
| <input type="checkbox"/> Sponsor | \$125 |
| <input type="checkbox"/> Sustaining | \$60 |
| <input type="checkbox"/> Personal | \$25 |

Donation

- Educational and Legislative Efforts Amount \$ _____

Please make checks payable to **Pennsylvania Citizens for Better Libraries**
and mail along with this form to:

PCBL
P.O. Box 12822
Pittsburgh, PA 15241

or

Pay by PayPal by visiting pcblpa.org/membership-fees
and also mail or email this form to us.