



## Organization Membership Form

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

Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Email: \_\_\_\_\_

### Organization Membership Levels

- Patron \$500
- Corporate \$250
- Sponsor \$125
- 501(c)(3) Affiliate \$125
- Friends Group \$50

### 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 551  
Mountain Top, PA 18707**