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