



MEMBER INFORMATION

Prefix First Name

Last Name

Spouse/Partner Name

Local Address

City / Zip

I live locally: Year round Months _____

Secondary Address

City / State / Zip

Home Phone

Cell Phone

Email



MEMBERSHIP LEVEL

- Lifetime Membership | \$2,500 (one-time)
- Patron Membership | \$500 Annually
- Supporter Membership | \$250 Annually
- Friend Membership | \$100 Annually
- Additional Donation: \$ _____

PAYMENT OPTIONS

- I will pay by check (Make check payable to RCLA)
- Visa MasterCard Discover

Card #

Name on Card

Exp. Date

Security Code

Billing Zip Code

Cardholder Signature

Please return this form fully completed to:

Ringling College Library Association
PO Box 4071
Sarasota, FL 34230

Questions? Contact us at:

info@rclassociation.org or 941-309-5100

