

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