



Society Circle Membership Form

7044 South 13th Street
Oak Creek, WI. 53154 USA
Tel: (414) 908-4954 or (800) 817-0621
Fax: 414-768-8001
EIN: 23-7265874

Member Information:

First Name _____ MI _____ Last Name _____
 Title: _____
 Organization/Company Name: _____
 Library/Department: _____
 Street Address: _____
 City: _____ State/Prov: _____
 Zip/Postal Code: _____ Country: _____
 Primary Phone: _____ Alternate Phone: _____
 Primary Email Address: _____ Alternate Email Address: _____
 Website: _____

We invite your annual gift to The Society Circle at one of the following levels:

- | | | |
|---|-----------------------------|-------|
| <input type="checkbox"/> Founder's Circle | Gifts of \$1,000 and above* | _____ |
| <input type="checkbox"/> President's Circle | Gifts of \$500 – \$999* | _____ |
| <input type="checkbox"/> Patron Circle | Gifts of \$200 – \$499* | _____ |
| <input type="checkbox"/> Member of the Circle | Gifts of \$100 – \$199* | _____ |
| <input type="checkbox"/> Other Contributions | Gifts of less than \$100* | _____ |

Donation Amount Due: \$ _____ US

In appreciation for your generosity, you will receive a Society Circle ribbon at the annual conference recognition in both the annual Handbook and Directory of Members and on the ARLIS/NA website.

Patron Circle members will be acknowledged on the ARLIS/NA website and in both the annual Handbook & Directory of Members.

President's Circle members are invited to the Society Circle reception with the President during the annual conference and will be acknowledged on the ARLIS/NA website and in both the annual Handbook & Directory of Members.

Founder's Circle members are invited to the Society Circle reception with the President during the annual conference and will be acknowledged during the Convocation at the annual conference, on the ARLIS/NA website and in both the annual Handbook & Directory of Members.

All levels of contribution are welcome. Please select how you would like your donation to be used:

- Conference Speakers Fund Alternative Voices Speakers Fund Internship Fund Travel Grant Fund
 Unrestricted Gift to the Society

Please note my contribution in honor/memory of: _____

* All prices are in US Dollars.

Payment Information

Total Amount Enclosed or Authorized to Charge: \$ _____ US

Method of Payment (Select One): Check Visa MasterCard

Payment By Credit Card:

Credit Card Number: _____
 Expiration Date: _____ Security Code (CVV): _____
 Card Holder Name: _____
 Credit Card Billing Address: _____
 Authorized Signature (Required): _____

Payment by Check:

Please make checks payable to ARLIS/NA in US currency drawn on a US Bank and remit to:

ARLIS/NA
7044 South 13th Street
Oak Creek, WI. 53154 USA

ARLIS/NA is registered as a 501 (c)(3) corporation. Contributions to the Art Libraries Society of North America are tax deductible in the United States to the full extent allowed by law.