



# Society Circle Membership Form

7044 South 13<sup>th</sup> 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

The Society Circle serves as the fundraising organization in ARLIS/NA. In appreciation for your generosity, you will receive a Society Circle ribbon at the annual conference and recognition on the ARLIS/NA website. Members of the Founder's Circle will be specially acknowledged at the conference Convocation.

## 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                       American Express

### 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  
c/o Christopher Roper  
7044 South 13<sup>th</sup> Street  
Oak Creek, WI. 53154 USA

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