

Friends of University Libraries
Membership Form

Name: _____ Date: _____

Address: _____

Phone: (h) _____ (c) _____ (w) _____

Email address: _____

Level of membership:

- | | |
|--|--|
| <input type="checkbox"/> Student (\$10 annually) | <input type="checkbox"/> Benefactor (\$250 annually) |
| <input type="checkbox"/> Friend (\$25 annually) | <input type="checkbox"/> Corporate Partner (\$500 annually) |
| <input type="checkbox"/> Contributor (\$50 annually) | <input type="checkbox"/> Life (\$1,000) |
| <input type="checkbox"/> Sponsor (\$100 annually) | <input type="checkbox"/> Dean's Circle (Life membership plus \$500 annually) |

____ I am interested in serving on a committee. Membership

- Activities
- Public Relations
- Other

____ I have a current library account with University Libraries.

Suggestions for Friends of University Libraries: _____

Method of Payment:

- Cash
- Check
- Credit card: MasterCard or Visa (*circle one*)

Card number _____

Expiration date _____

Mail to:

Cook Library Circulation 118 College Drive, #5053
Hattiesburg, MS 39406-5053

For Office Use only:

Circulation _____ Barcode number _____

Treasurer _____