



Colorado Association of Libraries Institutional Membership Form

| | | |
|-------------------------|----------------------------------|--|
| Billing Contact: | | |
| Billing Email: | | |
| Organization: | | |
| Billing Address: | | |
| City: | State & Postal Code : | |

Member List:

**Number of individuals under your Institutional Membership is based on dues level.*

| Institutional Members: | Email Address | Title/Position | Expiration Date |
|------------------------|---------------|----------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

Institutional Dues levels for libraries with annual budgets: (Mark the dues level that applies)

- ◇ \$1000 – for libraries with a budget of greater than \$5M
 ✓ Up to Seven (7) Representatives
- ◇ \$500 – for libraries with a budget of \$1,000,001 to \$5M
 ✓ Up to Five (5) Representatives
- ◇ \$250 – for libraries with a budget of \$500,001 to \$1M
 ✓ Up to Four (4) Representatives
- ◇ \$125 – for libraries with a budget of \$100,001 to \$500K
 ✓ Up to Three (3) Representatives
- ◇ \$50 – for libraries with a budget of less than \$100K
 ✓ Up to Two (2) Representatives

Payment Information: (Visa/MasterCard/Check)

| | |
|----------------------------|-----------------------|
| Dues Amount: | |
| Check Number: | |
| Credit Card Number: | |
| Expiration Date: | CVC Code: |
| Signature: | |
| Card holder Name: | Receipt email: |

Please include a copy of this invoice with your check to ensure proper credit!