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.

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<tr>
<th>Institutional Members</th>
<th>Email Address</th>
<th>Title/Position</th>
<th>Expiration Date</th>
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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!