

**The Friends of Wolfner Talking Book and Braille  
Library Application Form for Membership/Updates**  
*(Print this form to complete and submit)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Check your level of membership (1, 2, 3 years, or lifetime):

<b><u>Level</u></b>	<b><u>1 year</u></b>	<b><u>2 years</u></b>	<b><u>3 years</u></b>
Book Mark (student)	<input type="checkbox"/> \$3	<input type="checkbox"/> \$6	<input type="checkbox"/> \$9
Book Worm (individual)	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Book Ends (family)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Book Shelf (contributor)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
Book Enthusiast (donor)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Book Aficionado (patron)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Book Lover (lifetime membership)	<input type="checkbox"/> \$1,000		

\$ \_\_\_\_\_ Total Payment

Mail your check and this completed form to:

Friends of Wolfner Talking Book and Braille Library  
P.O. Box 24834  
Kansas City, MO 64131  
816-942-6337