

**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):

<u>Level</u>	<u>1 year</u>	<u>2 years</u>	<u>3 years</u>
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