



**MEMBERSHIP FORM (PLEASE PRINT) if renewing complete areas for changes
BookMarks Membership Year is May 1 till the end of April in the following year.**

Name:		Date:
Email Address:		Phone:
Current address:		
City:	State:	ZIP Code:
LEVEL OF MEMBERSHIP DONATION		
\$10 Donation <input type="radio"/> receive extended 14 days on checked loan materials*, preview to events		
\$25 Donation <input type="radio"/> receive extended 14 days on checked loan materials*, preview to events		
\$50 Donation <input type="radio"/> receive extended 14 days on checked loan materials*, preview to events		
\$100 Donation <input type="radio"/> receive extended 14 days on checked loan materials*, preview to events		
SPOUSE INFORMATION (To check for duplicates in our system)		
Name:		
Email address:		Phone:
PAYMENT TYPE		
CASH <input type="radio"/> AMOUNT: \$		
Check <input type="radio"/> Amount: \$	Credit <input type="radio"/> Amount: \$	
<i>Please make checks payable to the BookMarks</i>		
<i>Credit Card applications must be completed online at this time at our secure web site www.marionohbookmarks.org/join-us</i>		
I wish to make an additional donation beyond my membership fee to the BookMarks , a 501(c) (3) organization Yes <input type="radio"/> (include with membership amount above)		
Volunteer (Please send me an application to complete)		
Area of interest BookMarket <input type="radio"/> Book Sale <input type="radio"/> Events <input type="radio"/>		
Committees: Membership <input type="radio"/> Events <input type="radio"/> Audit <input type="radio"/> Communication <input type="radio"/> Nominating <input type="radio"/> Retail <input type="radio"/> Volunteers <input type="radio"/>		

* excludes materials checked out through on-line app Libby.