



Membership Form

First Name: _____ **Last Name:** _____
Street Address: _____
Apt/Box: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Email: _____

Renew Membership New Membership

I am a:

Library supporter Library employee

I am associated with the following libraries:

Membership Levels:

<input type="checkbox"/> Student / Retired \$15 <input type="checkbox"/> Individual: \$20 <input type="checkbox"/> Organization: \$35	<input type="checkbox"/> Sponsor: \$50 <input type="checkbox"/> Patron/Business: \$100
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COLA is a 501(c)(3) organization. Please mail your check payable to COLA to:
 COLA - P.O. Box 3777 - Cranston, RI 02910

Please consider volunteering by:

Joining a committee Writing for the COLA newsletter
 Assisting with event planning Public relations or maintaining online presence
 Serving on the COLA Board Other: _____