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2019 Membership Form

MEMBERSHIP: NE			W			I	RENEWAI			
TYPE:	REGULAR - \$15.00					STUDENT / RETIREE - \$10.00				
NAME:										
TITLE:										
LIBRARY/INSTITUTION:										
BUSINESS	S ADDF	RESS:								
CITY:							STATE:		ZIP:	
PHONE:										
EMAIL:										
TYPE OF LIBRARY:			PUBLIC CORPORATE MEDICAL							
			SCH	OOL [SPECI	AL		ACADEMI(C	

PLEASE LET ME KNOW IF THERE IS ANY INFORMATION THAT YOU DO NOT WANT TO BE LISTED ON THE BCLA WEBSITE

Please make checks payable to: Berks County Library Association
Please mail membership form and cash or check by **February 28, 2019** to:
Abby Brunner

Robesonia Community Library 75-A South Brooke Street Robesonia, PA 19551