



Colorado Association of Libraries Institutional Membership Form

Billing Contact:			
Billing Email:			
Organization:			
Billing Address:			
City:		State & Postal Code :	

Member List:

**Number of individuals under your Institutional Membership is based on dues level.*

Institutional Members:	Email Address	Title/Position	Expiration Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Institutional Dues levels for libraries with annual budgets: (Mark the dues level that applies)

- ◇ \$1000 – for libraries with a budget of greater than \$5M
 ✓ Up to Seven (7) Representatives
- ◇ \$500 – for libraries with a budget of \$1,000,001 to \$5M
 ✓ Up to Five (5) Representatives
- ◇ \$250 – for libraries with a budget of \$500,001 to \$1M
 ✓ Up to Four (4) Representatives
- ◇ \$125 – for libraries with a budget of \$100,001 to \$500K
 ✓ Up to Three (3) Representatives
- ◇ \$50 – for libraries with a budget of less than \$100K
 ✓ Up to Two (2) Representatives

Payment Information: (Visa/MasterCard/Check)

Dues Amount:	
Check Number:	
Credit Card Number:	
Expiration Date:	CVC Code:
Signature:	
Card holder Name:	Receipt email:

Please include a copy of this invoice with your check to ensure proper credit!