CTLS, Inc. *...serving Texas libraries and the people who love them*

Individual Membership Form ★ September 2011– August 2012

MEMBER INFORMATION

_____ _____ _____

FIRST NAME LAST NAME NICKNAME (if any)

_____ _____

EMPLOYMENT: Institution/System/Library Campus/Branch/Department

_____ _____ _____ _____

BUSINESS ADDRESS CITY STATE ZIP

_____ _____ _____ _____

HOME ADDRESS CITY STATE ZIP

(_____) _____

PHONE ❑ WORK ❑ HOME ❑ CELL

_____ _____

PREFERRED EMAIL SECONDARY EMAIL

PREFERRED MAILING ADRESS: ❑ HOME ❑ WORK

INDIVIDUAL MEMBER CATEGORY

❑ $25 Retired or Former Librarian, Library Staff, or Supporter

❑ $50 Current Librarian, Library Staff, or Supporter

PAYMENT METHODS

❑ **CHECK OR MONEY ORDER** Made out to CTLS, Inc.

❑ **CREDIT CARD** 0 MasterCard 0 Visa 0 AmEx 0 Discover

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CVV (security code): _____

Expiration Date: _____ Signature: _____

Please return entire form with payment to CTLS, Inc., 1005 West 41st Street, Suite 100, Austin, TX 78756.

CTLS, Inc. ★ 1005 West 41st Street, Suite 100 ★ Austin, TX 78756

phone: 512-583-0704 ★ toll-free: 800-262-4431 ★ fax: 512-583-0709 ★ email: info@ctls.net