

## Membership Enrollment (Printable Form)

To become a member of the Friends of the LBJ Library, please choose a membership level below:

- |                          |   |                |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <b>Individual membership</b>                      | <b>\$80</b>    |
| <input type="checkbox"/> | <b>Individual Senior membership (65 and over)</b> | <b>\$65</b>    |
| <input type="checkbox"/> | <b>Dual membership</b>                            | <b>\$150</b>   |
| <input type="checkbox"/> | <b>Dual Senior membership (65 and over)</b>       | <b>\$120</b>   |
| <input type="checkbox"/> | <b>Sustaining membership</b>                      | <b>\$250</b>   |
| <input type="checkbox"/> | <b>Fellow membership</b>                          | <b>\$500</b>   |
| <input type="checkbox"/> | <b>Legacy membership</b>                          | <b>\$1,000</b> |

Title: Dr./Mr./Mrs./Ms. (please circle) Other: \_\_\_\_\_

Name(s): \_\_\_\_\_  
(Please print your name(s) as you would like it to appear in our records.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

*If you provide an email address you will receive our monthly eNewsletter.*

\_\_\_ **Enclosed is my check. Please make check payable to the Friends of the LBJ Library.**

\_\_\_ **Please charge my credit card.**

Type of card: VISA \_\_\_ MasterCard \_\_\_ AMEX \_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Please send a gift membership to:**

Title: Dr./Mr./Mrs./Ms. (please circle) Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you for your support. Please mail this form to:

Friends of the LBJ Library  
2313 Red River Street  
Austin, Texas 78705

Or, you may fax to (512) 232-2285. Questions may be directed to (512) 721-0176.