



Council on Botanical and Horticultural Libraries Membership Renewal 2012

Please return this form with payment as instructed below. **Please note there are changes in the form! You must complete both sides to be listed in the Membership Directory.**

Membership categories:

Please select the appropriate membership category below.

Commercial Membership \$150 \$ _____

Institutional Membership (2 Members) \$105 \$ _____

Additional Inst. Members @ \$50.00 each ___ x \$50 = \$ _____

Individual Membership

Personal Membership \$ 55 \$ _____

Retiree Membership \$ 35 \$ _____

Student Membership \$ 35 \$ _____

(Photocopy of school ID or other evidence of current enrollment must be submitted with membership form)

I am a Lifetime Member \$0 \$ 0.00

EBHL (European Botanical and Horticultural Libraries)

Affiliate Membership \$ 20/individual \$ _____

(This is in addition to the CBHL Membership fee – PLEASE indicate who on reverse)

Contributions:

CBHL welcomes your tax-deductible contributions to support its programs and operating expenses. Please indicate the fund you would like to support and the amount you are contributing to it.

_____ Annual Literature Award \$ _____

_____ Charles Robert Long Award \$ _____

_____ Founders Fund Travel Fellowship Award \$ _____

_____ General Fund \$ _____

Total Amount Contributed \$ _____

Grand Total: \$ _____

Payment Information:

To pay with a credit card completely fill in the following information. We can only accept **Master Card and Visa**.

Card Number: _____ Exp. Date: _____ Amount: _____

Contact Name: _____ Phone: _____

Billing Address: _____

Please make checks payable, in U.S. funds, to **The Council on Botanical and Horticultural Libraries**. Checks must be drawn on an American bank. Please mail payment with this form to:

Brian Thompson / CBHL Treasurer / P.O. Box 51116 / Seattle, WA 98115-1116 USA

[continued on other side]

Name (*Required*): _____ Date: _____

Check here if you **DO NOT** want your information to appear in the Membership directory.

Please check here to indicate **NO CHANGES** from the previous year.

Individual Member or 1st Institutional Representative:

Please check if you prefer to **NOT** receive the Newsletter in print format (it is accessible online).

Name (*Required*): _____ Date: _____

Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

URL/Web address: _____

Institutional Affiliation: _____

Institution phone: _____ Institution fax: _____

2nd Institutional Representative:

Please check if you prefer to **NOT** receive the Newsletter in print format (it is accessible online).

Name (*Required*): _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

Additional Institutional Representatives (please list names on another sheet if more room is needed):

Please check if you prefer to **NOT** receive the Newsletter in print format (it is accessible online).

Name (*Required*): _____ Title: _____ Email: _____

Please check if you prefer to **NOT** receive the Newsletter in print format (it is accessible online).

Name (*Required*): _____ Title: _____ Email: _____