

Friends of the National Library of Medicine Membership Form

Name: _____ Title: _____

Organizations: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

By providing your email address, you will be able to receive our electronic newsletter.

Membership: Please indicate type of membership (check one):

Individual Corporation Institution Professional Society/Association

Membership Levels:

- Leadership Circle - \$10,000**
 - ⌚ Recognized as a Leader of FNLM at annual events, website and newsletter
 - ⌚ Table of ten at the FNLM Annual Awards Dinner and listing in Program Journal
 - ⌚ Complimentary invitation to FNLM Annual Conference and FNLM/NLM Board of Regents Dinner
 - ⌚ Private tour of current exhibition at the NLM
 - ⌚ One-year subscription to *NIH MedlinePlus* magazine
- Patron Sponsor - \$5,000**
 - ⌚ Recognized as a Patron of FNLM at annual events, website and newsletter
 - ⌚ Five seats at the FNLM Annual Awards Dinner and listing in Program Journal
 - ⌚ Complimentary invitation to FNLM Annual Conference and FNLM/NLM Board of Regents Dinner
 - ⌚ Private tour of current exhibition at the NLM
 - ⌚ One-year subscription to *NIH MedlinePlus* magazine
- Benefactor Sponsor - \$1,000**
 - ⌚ Recognition as a Benefactor of FNLM on website and newsletter
 - ⌚ Complimentary invitation to FNLM/NLM Board of Regents Dinner
 - ⌚ Private tour of current exhibition at the NLM
 - ⌚ One-year subscription to *NIH MedlinePlus* magazine
 - ⌚ Advance notification of FNLM events
- Friend - \$500**
 - ⌚ Discretionary Recognition as a Friend of FNLM
 - ⌚ One-year subscription to *NIH MedlinePlus* magazine
 - ⌚ Advance notification of FNLM events
- Individual Membership - \$100**
 - ⌚ Recognized as a member of FNLM
 - ⌚ One-year subscription to *NIH MedlinePlus* magazine
 - ⌚ Notification of FNLM events

Payment Method:

My check in the amount of \$ _____ is enclosed. Please make check payable to "Friends of the National Library of Medicine"

Please charge \$ _____ to my (circle one): Visa MasterCard Amex

Name on Credit Card _____

Account # _____ Exp. Date _____

Signature _____

Please include this form with your check or credit card information and mail it to the address below.

Friends of the National Library of Medicine is a non-profit organization with IRS 501(c)3 designation.
Membership fees are tax deductible to the full extent of the law. EIN: 52-1417780.

WWW.FNLM.ORG

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