

## 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 in the enclosed envelope or fax to (202) 338-8182.

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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