



# Membership Form



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## Annual Membership Options

\_\_\_\_\_ \$335 Household  
*Required for any household  
of more than one person*

\_\_\_\_\_ \$260 Single  
*Only for an individual in  
a one-person household*

\_\_\_\_\_ \$225 Educational  
*Teacher/full-time college  
student with active ID*

\_\_\_\_\_ \$20 Deposit  
*Books by mail*

\$ \_\_\_\_\_ Tax-Deductible  
Contribution

\$ \_\_\_\_\_ Total

**PLEASE NOTE:  
MEMBERSHIP FEES ARE  
NOT TAX-DEDUCTIBLE.**

FOR LIBRARY USE
_____ Initials
_____ Date
_____
Gift Card Taken

New Membership

Renewal

Gift

PRINT NAME(S) AS YOU WISH TO RECEIVE MAIL

ADDRESS

APT. #

CITY

STATE

ZIP

HOME TELEPHONE

ALTERNATE TELEPHONE

EMAIL

NAMES OF OTHER PERMANENT HOUSEHOLD MEMBERS

NAMES & DATES OF BIRTH OF CHILDREN UNDER 18 YEARS OLD  I WOULD LIKE TO RECEIVE THE CHILDREN'S E-NEWSLETTER

ALTERNATE CONTACT

*(someone with whom you keep in touch who does not live with you)*

TELEPHONE

NAME OF GIFT GIVER

I WISH TO RECEIVE RENEWALS FOR THIS MEMBERSHIP

GIFT GIVER'S ADDRESS

CREDIT CARD:

VISA

MASTERCARD

AMERICAN EXPRESS

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

HOW DID YOU HEAR ABOUT THE LIBRARY? \_\_\_\_\_

WHAT ARE YOUR PRIMARY REASONS FOR JOINING (PLEASE CHECK ALL THAT APPLY)

PLACE TO WORK/STUDY ROOMS

EVENTS

READER SERVICES/CIRCULATING MATERIALS

WRITER SERVICES

CHILDREN'S LIBRARY

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

By submission of this form, I agree to abide by the rules of The New York Society Library.