



Membership Application

Gerber/Hart Library

*indicates required information

*Name (first): _____ (last): _____

Name (first): _____ (last): _____

*Street Address: _____ *City: _____ *State: _____ *Zip: _____

*Telephone: _____ Email: _____

*For Mailing:

- No Discretion Required
- Discretion Required
- Place me on the e-mail announcements list

Membership Categories (check one):

- Regular \$40 per year for individuals.
- Family \$65 per year for two persons at the same address.
- Special \$25 per year for full-time students with ID, senior citizens (60+), & low income.

I would like to make an additional donation of (check one):

- Friend \$100 per year.
- Patron \$250 per year.
- Sponsor \$500 per year.
- Benefactor \$1,000 per year.
- Philanthropist \$5,000 per year.
- Other _____

____ I include a check made payable to Gerber/Hart for \$ _____

____ Please charge my MasterCard __ VISA __ Am Ex __ for \$ _____

Card # _____ - _____ - _____ - _____ Exp: _____

Name on Card _____

Cardholder Signature: _____

Total Payment: \$ _____

Where did you first hear about Gerber/Hart Library ? _____

I agree to adhere to the Gerber/Hart Library Borrowing Guidelines, and to pay fines and fees as presented in those Guidelines.

Date: _____

Signature: _____

To be filled out by the Gerber/Hart volunteer accepting the application:

State issuing ID/Driver's License: _____

First Bar Code: _____

Second Bar Code: _____

Expiration Date: _____

Date Card(s) Given: _____

Acknowledgment Letter Sent: _____

Payment Method: _____

Volunteer Name: _____

Gerber/Hart Library

1127 West Granville Avenue Chicago, Illinois 60660 Granville Stop/CTA Red Line Tel 773.381.8030
Email info@gerberhart.org Web gerberhart.org Open Wed/Thurs 6 to 9 PM. Fri/Sat/Sun Noon to 4 PM.