



## Membership Application

### Membership Classifications

- |  |         |  |               |
|--|---------|--|---------------|
| <input type="checkbox"/> A. Student    | \$5.00  | <input type="checkbox"/> D. Patron     | \$50.00       |
| <input type="checkbox"/> B. Individual | \$25.00 | <input type="checkbox"/> E. Donor      | \$100.00      |
| <input type="checkbox"/> C. Family     | \$30.00 | <input type="checkbox"/> F. Benefactor | \$500.00/More |
- New       Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Make check payable to Wilson-Cobb Research Library

Mailing address:      P.O. Box 1216  
Roswell, NM 88202-1216