

BayNet Library Association Membership Form

Print this form and send it with your check made payable to BAYNET to:

BayNet Membership
c/o Rose Falanga
1462 Cedar Street
Berkeley, CA 94702

Payment must be received before your application will be processed.

Membership Category	Payment enclosed
_____ Individual	\$50.00
_____ Institutional	\$75.00
_____ Student	\$20.00
_____ Retired/Between Jobs	\$20.00

New _____ Renewal _____

Institution: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Phone Number: (_____) _____ Fax: (_____) _____

E-mail: _____

Institution's URL: _____

BayNet Newsletter is distributed in PDF form to the membership. Do you still wish to receive a print copy of the newsletter by postal mail?

Activities or workshops you would like BayNet to sponsor:

_____ Would you be interested in hosting a BayNet tour or workshop?

_____ Are you interested in running for a BayNet Office?