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Membership Registration

Library Membership

Name of Library: _____

Address of Library: _____

City/State/Zip: _____

Contact Number: (____) _____ Contact Name: _____

E-mail: _____

Memberships Needed: _____ Total Amount Due: _____
($\$250 \times \text{\#of Memberships}$)

APCM Office Use only:

Membership Sell Date: __/__/__ Membership Expiration Date: __/__/__

Processed By: _____ Today's Date: __/__/__

Amount Paid: _____ Payment Type: CC Cash Check #: _____

Mailing Address: APCM PO Box 931 Westfield, MA 01085