

The Heritage Library Foundation PO Box 5950 Hilton Head Island, SC 29938 843.686.6560 www.heritagelib.org

MEMBERSHIP FORM

Date:	New Member _	Renewal	Change of	f Address/Phone/Email
Name(s):				
Mailing Address:				
City:		State:	Zip Code:	
Email:				
Cell Phone:		Secondary Pl	hone:	
Membership Categories	:			
Annual Membersh	ip: 1-2 members residing	at the same add	ress - \$85.00 (inc	ludes all member benefits)
Academic Membe includes all member bene		tors and Librari	ans - \$25.00 (req	uires proper identification and
•	hip: For residents at The C nade possible through a co	• •	· · · ·	identification, includes all
I would like to include a	donation to the Heritage L	ibrary Foundatio	on in the amount	of: \$
Payment Type: Ca	sh Check C	Credit Card (Vi	sa MC AE	Discovery)
Amt Rec'd: \$	Received by (full	name):		
Credit Card #:				
Expiration Date:		C	Code:	
Billing Name and/or Add	ress (if different from abo	ve:		
Signature:				