



**CITIZENS FOR  
CHARLES COUNTY  
PUBLIC LIBRARY, INC.**

2 Garrett Avenue, La Plata, MD 20646-5959

# Annual Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_

Date: \_\_\_\_\_

(Please Print) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ 9-digit Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Individual Memberships

Student	\$5	_____
Personal	\$10	_____
Family	\$15	_____
Sustaining	\$25	_____
Contributing	\$50	_____
Benefactor	\$100	_____

## Organizational Memberships

Associate	\$25	_____
Patron	\$50	_____
Advocate	\$100	_____
Donor	\$250	_____
Sponsor	\$500	_____

\_\_\_\_\_ I am interested in volunteering for a project/activity

*Make check payable to C4CCPL.  
Memberships and donations are tax deductible*