



Associate Application Form

Yes, I want to participate in the work of the Alachua County Library District Foundation. Enclosed is:

- \$50 Associates Membership**
- \$75 Household Associate**
- \$150 Business Associate Membership**

Name _____

Company Name (for Business Associate only)

Address _____

City _____ **State** _____

Zip _____

Phone _____

E-Mail _____

Signature _____

Enclose a check for your membership and mail to:

**Membership Chair
ACLD Foundation, Inc.
401 E. University Ave.
Gainesville, FL 32601**

For additional information, call 334-3910