Jenkins LAW LIBRARY

MEMBERSHIP APPLICATION

January 1, 2008 – December 31, 2008

Name: _____

Firm: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Remit To:
Membership Department
Jenkins Law Library
833 Chestnut East, Suite 1220
Philadelphia, PA 19107
Phone: 215-574-7901
Fax: 215-574-7921
Email: *membership@jenkinslaw.org*

Please read policies and follow instructions on page 2 before filling out this form.

Section 1*.** ***Annual Membership Dues - Retired Attorney $50

Section 2 ***Payment Information for Membership Renewal***

¾ Check enclosed, payable to **"Jenkins Law Library"** Check #_____ Amount $ _____

¾ Bill my _____Visa _____MasterCard _____American Express _____Discover

Card # _____ Security Code _____ Exp. Date_____

Cardholder Name _____

Section 2. ***Billing/ Contact*** (Please Print)

_____ _____
Name Title

_____ _____ _____
Phone Fax Email

Section 3. ***Membership Contact*** (Please Print)

_____ _____
Name Title

_____ _____ _____
Phone Fax Email

Section 4 ***Monthly Payment Option for other Library Services***
(Research, Document Delivery, CLE Classes - $10 minimum)

Check one: ¾ Charge the above credit card on the 20th of each month for all library services billed to my account the preceding month.

¾ Payment will be sent within 15 days of receiving monthly statement.

Jenkins Terms of Agreement

Jenkins will be entitled to all remedies as such including, but not limited to, immediate cancellation of all privileges and services due to default of this agreement. This certifies that I/we understand and will abide by the "Terms of Agreement" stated on page 2.

_____ _____
Signature of Administrator or Managing Officer Date

_____
Please print name and title of above