



GMLC Affiliate Membership Form

Date _____

(To facilitate record keeping, we need a membership form with your check.)

Yes, my organization would like to renew our Affiliate Membership in the GMLC.
Enclosed is the **\$50.00** Affiliate Membership fee.

Agency Name _____

Site Address(es) _____

Contact person (this person will represent you at GMLC meetings and vote on behalf of
your organization)

Address of contact _____

Email address _____

Telephone _____

Your organization's website address _____

Briefly describe the literacy services your organization provides.

Will you put a link on your website to the GMLC website? Yes _____ No _____

Your 2009 membership will expire December 31, 2009

Please make checks payable to the GMLC and mail to:

Greater Milwaukee Literacy Coalition
Affiliate Membership
P.O. Box 511121
Milwaukee, WI 53203-0191