



# Heritage Library Hilton Head Island. History & Ancestry Research Center

852 William Hilton Parkway, Suite 2A  
Hilton Head Island SC 29928 | (843) 686-6560  
WWW.HERITAGELIB.ORG

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Address/Phone/E-mail \_\_\_\_\_

Name (s): \_\_\_\_\_

If you have more than one residence, please provide BOTH locations and check residence to be used for mailings.

Primary Residence:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ (Please Print Clearly)

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Local Area Residence (if not same as Primary residence):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

### Membership Categories:

\_\_\_\_\_ **Library Basic Annual – One or two researchers residing at same address - \$70.00**

On-site use of the Library during regular Library hours for 12 months. Special member discounts for Library bookstore purchases; registrations for classes, workshops, lectures conducted by the Library.

\_\_\_\_\_ **Premier Research Annual – One or two researchers residing at same address - \$85.00**

All of the benefits of Library Basic membership, plus ON-LINE Access to the Premier section of our website containing HeritageQuest Online and selected databases stored on the Heritage Library system.

\_\_\_\_\_ **Academic Membership – No Fee for full-time student and teacher ONLY with identification**

\_\_\_\_\_ **Academic Membership Plus -- \$15.00** All of the benefits of Library Basic membership, plus ON-LINE Access to the Premier section of our website containing HeritageQuest and selected databases.

\_\_\_\_\_ **Donation to the Heritage Library Foundation \$ \_\_\_\_\_**

Payment Type:

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: AE \_\_\_\_\_ Dis \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_

Amt Rec'd \$ \_\_\_\_\_ Rec'd By \_\_\_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Name (If different than above): \_\_\_\_\_

Billing Address (If different than above): \_\_\_\_\_

Signature \_\_\_\_\_