



Please complete the following information to become a Small Stones member.

You may fax the completed form to: 262-797-2501

or mail to or drop off at:

Small Stones

17145 W. Bluemound Road, Brookfield, WI 53005

or call: 262-797-2485

I wish to enroll for: Individual Membership Family Membership

Personal Information Please print Date _____

_____ New Membership Renewal

Member Number

_____ Last Name First Middle

_____ Address Apt./Suite

_____ City State ZIP

_____ Home Phone Work Phone Cell Phone

_____ E-mail Date of Birth Gender

For Family Membership — Additional Adult Information

_____ Member Number

_____ Last Name First Middle

_____ Home Phone Work Phone Cell Phone

_____ E-mail Date of Birth Gender

Payment Form

\$25 Individual \$45 Family

Make checks payable to Small Stones. Amount enclosed: \$ _____

Or charge \$ _____ to my: VISA MasterCard Discover

Account # _____ Exp. Date _____

3-digit Security Code (on back of card) _____

Name as it appears on card _____ Signature _____

For Office Use Only Membership Source _____

Library World _____ Initials Member Card _____ Initials Card Smart _____ Initials Event Code _____