

Friends Membership

PLEASE PRINT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Yes, I would like to volunteer: _____

Make checks payable to: Friends of Community Library
24615 89th Street
Salem, WI 53168

.....
Friends Use Only:

Date Pd: _____ Entered Membership/Email/CC: _____

Annual Membership

(Jan - Dec)

New _____ Renewal _____

- \$10.00 | Individual
- \$15.00 | Family
- \$100.00 | Individual lifetime
- Other donation \$ _____

Annual Business Membership

- \$100.00
- Other donation \$ _____

We are a 501©(3) organization.