## Friends of the Library Membership Form

<u>T</u> Student Under 16	<u>ypes of Memberships</u> \$2.00 Business/Organization \$5		\$50.00	
Active Individual Member	\$5.00 Life Individual/Joint \$100		\$100.00	
Active Joint Member	\$10.00	Larger contributions are		
Supportive Individual Member	\$15.00	gratefully received.		
		All contributions of tax-deductible.	ire	
Supportive Joint Member	\$50.00			
I wish to take an active rol following areas:	e by partici	pating with the Friends	s in the	
Book Sale		Projects & Planni	ing	
Programs & Refree	eshments	□ Newsletter		
Mailings		□ Other	Other	
The library also welcomes materials, assisting with th other challenges. Inquire	ne Summer	Reading Program, she		
Enclosed are my dues of \$ the Galion Public Library f	for this year	as a member of the through December 31	Friends of <sup>st</sup> , 20	
Name				
Email				
Street				
City	State	eZip		
Phone				
Check One:				
	🗖 Re	newal Date:		
Please make checks payab and return this form to the			lic Library	
	of the Galior 123 N Marl Galion OH			

## Friends of the Library Membership Form

Types of Memberships					
Student Under 16	\$2.00 Business/Organization \$50.0		\$50.00		
Active Individual Member	\$5.00 Lit	Life Individual/Joint \$100.00			
Active Joint Member	\$10.00	Larger contributions are gratefully received. All contributions are			
Supportive Individual Member	\$15.00				
Supportive Joint Member	\$50.00	tax-deductible.	<i>li</i> e		
I wish to take an active role by participating with the Friends in the following areas:					
Book Sale		Projects & Plann	Projects & Planning		
Programs & Refreshments		□ Newsletter			
Mailings Other					
The library also welcomes volunteers to help with processing materials, assisting with the Summer Reading Program, shelving, and other challenges. Inquire at the circulation desk.					
Enclosed are my dues of \$ as a member of the Friends of the Galion Public Library for this year through December 31 <sup>st</sup> , 20					
Name					
Email					
Street					
City	State	eZip			
Phone					
Check One:		w Membership newal Date:			
Please make checks payable to the Friends of the Galion Public Library and return this form to the following address. Thank you.					
Friends of the Galion Public Library 123 N Market St. Galion OH 44833					