



## Friends of the Library Membership Form:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

### Membership Category

Individual \$10  
 Family \$15  
 Sustaining \$25  
 Patron \$100

Business/Organization \$30  
 Business Patron \$100

I would be willing to help the work of the Friends by

Helping with weekly book sales  
 Helping with spring and fall book sales  
 Providing monetary support for Friends' projects  
 Providing food or refreshment for Library activities  
 Helping plan Friends' activities  
 Other (please specify) \_\_\_\_\_

Mail to—

Friends of the Adair County Public Library  
P.O. Box 883  
Kirksville, MO 63501