

Friends of the Library Membership

I am interested in learning more about the Friends of the Library and would appreciate an informational call from a member to answer my questions.

Name _____

Address _____

City _____ State _____ Zip _____

Phone number (home) _____ Phone number (work) _____

E-mail _____

I am interested in a Friends Membership

- | | |
|--|----------|
| <input type="checkbox"/> Individual/Family | \$ 10.00 |
| <input type="checkbox"/> Business | \$ 30.00 |
| <input type="checkbox"/> Individual Life* | \$100.00 |
| <input type="checkbox"/> Family Life (Spouses and minor children)* | \$175.00 |

*One-time payment

Members of the Friends are entitled to special first night admission to all used book sales.

Make your check payable to the **Friends of the Marion Library**

Please mail this form and your check to:

Marion Public Library
1095 Sixth Avenue
Marion, IA 52302-3428