



Friends of the Library

Choose one: _____New membership _____Renewal

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

(Your email address is very important. It is how we will communicate about book sales and other events. We promise that we will never share your email address with any other organization or business, and we will not bombard you with emails.)

Please choose: I am interested in helping with the book sales. ___Yes ___No

I would like to receive the FOL newsletter. ___Yes ___No

(If "yes" please choose: ___Email OR ___US mail)

Membership Category:

_____ \$2 Junior (up to 18)

_____ \$5 Individual

_____ \$8 Family (Parents
and all children under 18)

_____ \$25 Contributor

_____ \$50 Special Friend

_____ \$100 Donor

_____ \$250 Supporter

Mail your check or money order to:

Friends of the Library

4653 S. Campbell

Springfield, MO 65810