

# Friends of the Flora Public Library

*Yes, I want to be a Friend!*

## MEMBERSHIP APPLICATION

Name:

Address:

Phone:

Additional members (Family Membership Only)

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### Membership

	Amounts
<input type="checkbox"/> Individual	\$5.00
<input type="checkbox"/> Family	\$10.00
<input type="checkbox"/> Contributor	\$15.00
<input type="checkbox"/> Sponsor	\$25.00
<input type="checkbox"/> Benefactor	\$50.00 & Up

### Organizational

Amounts
<input type="checkbox"/> \$50.00
<input type="checkbox"/> \$100.00
<input type="checkbox"/> \$250.00
<input type="checkbox"/> \$500.00
<input type="checkbox"/> Other _____

Make checks payable to:

Flora Public Library Friends Group

*Memo:* Friends Group

Mail checks to:

Friends of the Library

c/o Flora Public Library

216 N. Main, Flora, IL 62839

Thank you for your support!  
(All contributions are tax-deductible)