Lincoln Township Public Library

Friends of the Library Application

Name: _____

Spouse's Name: _____

Address: _____

City: _____ ***State:*** _____ ***Zip:*** _____

Phone: (_____) _____ ***-*** _____

Email: _____

Family Member #1: _____

Family Member #2: _____

Family Member #3: _____

Family Member #4: _____

Family Member #5: _____

Membership Contributions are Tax Deductible

Is this a new membership or are you renewing your membership? _____ New _____ Renewal

Please choose the desired membership (annual membership is from April to March):

_____ Senior Citizen (55+) - $10.00

_____ Individual - $15.00

_____ Family - $30.00

Additional Contribution (optional): _____

Total Contribution: _____

Please make checks payable to: Friends of the Lincoln Township Public Library

Our mailing address is:

Friends of the Lincoln Township Public Library
2099 W. John Beers Rd
Stevensville, MI 49129

Please choose any/all areas where you may want to participate:

_____ ***Donation Sorting (Monday)***

_____ ***Donation Sorting (Wednesday)***

_____ ***Donation Sorting (Friday)***

_____ ***Treasure Shoppe (tidy and restock as needed)***

_____ ***"Friendship" Newsletter***

_____ ***Book Sales***