



Adair County PUBLIC LIBRARY

Friends of the Library Membership Form:

Name: _____

Address: _____

Email: _____

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

____ Providing monetary support for Friends' projects

____ Helping plan Friends' activities

____ Other (please specify) _____

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