Friends of the Library Membership Form:

Name___________________________________________________
Address__________________________________________________
__________________________________________________
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
_____ Helping with spring and fall book sales
_____ Providing monetary support for Friends’ projects
_____ Providing food or refreshment for Library activities
_____ Helping plan Friends’ activities
_____ Other (please specify)______________________________

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