Arlington Heights Memorial Library
Friends of the Library

Membership Application
FOL membership runs from April 1st to March 31st of the following year

Please indicate the membership or donation level you prefer (all contributions are tax deductible):

☐ Individual member, $5
☐ Corporate membership, $250

☐ Family membership, $10
☐ Life member (individual), $100

☐ Patron member, $25

☐ Other donation, $ ___________________
(Check with your employer for a matching gift program)

Name ________________________________________________________________

Address ____________________________________________________________________________________________

City ___________________________ State _______ Zip ___________

Phone ______________________________________________________________________________________________

E-mail ______________________________________________________________________________________________

Please send electronic version:

☐ FOL events/projects       ☐ Newsletter       ☐ Book/specialty sales

Won’t you work with us?
I am interested in working with the FRIENDS in the following area:

☐ Book Sale
   (give us 2 hours of your time)

☐ Board Member

☐ Committee Member
   (Assist with special projects)

Send this form with your membership fee to:

Friend of the Library
Arlington Heights Memorial Library
500 N. Dunton Avenue
Arlington Heights, Illinois 60004