



# Arlington Heights Memorial Library Friends of the Library

## Membership Application

FOL membership runs from April 1<sup>st</sup> to March 31<sup>st</sup> of the following year

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

- |                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Individual member, \$5                                                             | <input type="checkbox"/> Corporate membership, \$250     |
| <input type="checkbox"/> Family membership, \$10                                                            | <input type="checkbox"/> Life member (individual), \$100 |
| <input type="checkbox"/> Patron member, \$25                                                                |                                                          |
| <input type="checkbox"/> Other donation, \$ _____<br>(Check with your employer for a matching gift program) |                                                          |

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Please send electronic version:**

- |                                              |                                     |                                               |
|----------------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> FOL events/projects | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Book/specialty sales |
|----------------------------------------------|-------------------------------------|-----------------------------------------------|

**Won't you work with us?**

I am interested in working with the FRIENDS in the following area:

- |                                                                      |                                       |                                                                             |
|----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Book Sale<br>(give us 2 hours of your time) | <input type="checkbox"/> Board Member | <input type="checkbox"/> Committee Member<br>(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