



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):

- | | |
|---|--|
| <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, \$ _____
(Check with your employer for a matching gift program) | |

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Membership Card Options:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Paper Card | <input type="checkbox"/> Digital Card (pdf file) | <input type="checkbox"/> No Card (check in at members desk for sale) |
|-------------------------------------|--|--|

Won't you work with us?

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

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