

FRIENDS OF THE ELKHART PUBLIC LIBRARY

300 SOUTH SECOND STREET ELKHART, INDIANA 46516 574-522-3333 <u>FRIENDSOFEPL@AOL.COM</u>

MEMBERSHIP APPLICATION

□ YES, I WANT TO SUPPORT OUR LIBRARY PROGRAMS AND SERVICES BY BECOMING A MEMBER NOW.

MEMBERSHIP LEVEL:

| | | Name: | | |
|--------------------------|--------|----------|----------------------|--------------|
| Individual | \$10 | | | |
| | | Address: | | |
| Family | \$25 | | | |
| (include family | | City: | | |
| member names) | | | | |
| | | State: | | |
| Junior / Senior | \$5 | | | |
| (18 & under / 65 & over) | | Zip: | | |
| | | | | |
| Sponsor | \$100 | Email: | | |
| | | | | |
| Patron | \$500 | Phone: _ | | |
| | | | | |
| Benefactor | \$1000 | | | |
| | | | VOLUNTEER WORK AREA: | |
| | | | 🗆 Advocacy | □ Newsletter |
| | | | Book Sales | 🗆 Outreach |
| | | | 🗆 Fundraising | 🗆 Programs |
| | | | □ Membership | □ Promotions |
| | | | - | |

Please make checks payable to Friends of the Elkhart Public Library, Inc. Applications and fees can be handed in at any EPL branch or mailed to the address above.

Signature: _____

Date: _____