



FRIENDS OF THE ELKHART PUBLIC LIBRARY

300 S. Second St. P.O. Box 135
Elkhart, IN 46515-135

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FriendsofEPL@aol.com

MEMBERSHIP LEVEL:

| | |
|---|---------------|
| <input type="checkbox"/> Individual | \$10 |
| <input type="checkbox"/> Family (include family member names) | \$25 |
| <input type="checkbox"/> Junior / Senior (18 and under / 65+) | \$5 |
| <input type="checkbox"/> Sponsor | \$100 |
| <input type="checkbox"/> Patron | \$500 |
| <input type="checkbox"/> Benefactor | \$1000 |

MEMBERSHIP APPLICATION:

Yes, I want to support our library programs and services by becoming a member now.

Name/s: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

PAYMENT METHOD:

Please select your preferred payment method:

- Email an invoice for credit card payment to my email address above.
- Mail a check to the Friends of the Elkhart Public Library address above. Please make checks payable to **Friends of the Elkhart Public Library, Inc.**
- Pay in person at any Elkhart Public Library location.

VOLUNTEER WORK AREA:

| | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Promotions |
| <input type="checkbox"/> Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature: _____

Date: _____