Name		Date	
		City	
State	Zip	Email please print	Phone
□ Lifetime □ Patron □ Family □ Individual □ Student	\$1000* \$100* \$ 50 \$ 20 \$ 10	*For contributions of \$100 or more: Yes, I would like my name on the Summer Reading reusable tote bag. Application must be received before March 30, 2016. (Please indicate how you would like your name printed if different from above.)	
Mail to: Membership Friends of the Northville District Library 212 Cady St. Northville, MI 48167-1560		Charge payments: VISA/MC	ayable to: Friends of the Northville District Library Exp. Date ontributions are deductible on income taxes as permitted by law. Please contact your tax advisor.

Membership Application 2016 – 2017

New member ____

Renewal member _____