



Membership Application

New member _____

Renewal member _____

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____ Phone _____
please print

| | |
|--|---------|
| <input type="checkbox"/> Lifetime | \$1000* |
| <input type="checkbox"/> Patron/Business | \$100* |
| <input type="checkbox"/> Family | \$ 50 |
| <input type="checkbox"/> Individual | \$ 20 |
| <input type="checkbox"/> Teen | \$ 5 |

*For contributions of \$100 or more:

Yes, I would like my name on the Summer Reading reusable tote bag.

Application must be received before May 15.

(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

Checks (preferred method) payable to: Friends of the Northville District Library

Charge payments: VISA/MC# _____

Security Code _____ Exp. Date _____

Signature _____

For Credit Card Payment only. All contributions are deductible on income taxes as permitted by law. Please contact your tax advisor.