

FRIENDS MAKE A DIFFERENCE!

I want to be a Friend!

MEMBERSHIP APPLICATION

Please enroll me as a member of the Friends of the Warren Public Library for the next 12 months.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

New:

Renewal:

Membership Level (please circle one):

Regular/Senior	\$5.00	Sponsor	\$50.00+
Individual/Family	\$10.00	Patron	\$100.00+
Contributing	\$20.00+		

Dues and contributions are tax deductible for income tax purposes and qualify for state income tax credit – MICS 58886.

Complete this form and mail it with a check payable to:

Friends of the Warren Public Library
c/o Warren Civic Center Library
One City Square, Suite 100
Warren, MI 48093

