



Membership Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Available Membership Levels:

\$10 Individual Yearly: \_\_\_\_\_ \$100 Individual Lifetime: \_\_\_\_\_

\$25 Family Yearly: \_\_\_\_\_ \$250 Family Lifetime: \_\_\_\_\_

\$500 Benefactor: \_\_\_\_\_

Please place an "X" by the membership level you have chosen.

Send the completed form with your check made payable to:

Friends of Aurora Memorial Library  
115 E. Pioneer Trail  
Aurora, OH 44202

Indicate your interests:

Book Sales \_\_\_\_\_, Setup \_\_\_\_\_, Sorting \_\_\_\_\_, and Other \_\_\_\_\_

Someone will contact you. Thank you for your interest and support.

(7-17-19 / dpo)