

Membership or Renewal Application

- YES!** We want to **JOIN** Friends of Michigan Libraries _____
- YES!** We want to **RENEW** our membership **Today's Date** _____

Contact Person's Name

Contact Person's Phone Number and E-mail Address

Contact Person's Street Address

City/State

Zip

Library Name

Library phone number

Membership Fees (please check one; all are tax deductible)

- Individual \$ 10.00
- Friends Group \$ 25.00
- Patron \$ 100.00
- Benefactor \$ 500.00
- Corporate Sponsor \$ 1,000.00

Make checks payable to: Friends of Michigan Libraries

Send completed application form and check to:

**Harriet Larson, FOML
c/o Livonia Civic Center Library
32777 Five Mile Rd.
Livonia, MI 48154**

Fees are due annually on January 1st