



# Friends of the Library Membership Form

Name \_\_\_\_\_  New  Renewal

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Membership Type:  Student - \$1  Individual - \$5  Family - \$7  
 Sustaining - \$10  Sponsor - \$25

Would you like to help?  Board Member  Book Sale  Hospitality

Other \_\_\_\_\_

*Please make checks payable to: Friends of the Library, P.O. Box 185, Chillicothe, OH, 45601*



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