



Join the Friends of the Franklin Public Library

Mr. Mrs. Mr. & Mrs. Ms. Other _____

Name: _____

Address: _____

City/State/ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Annual Dues

New

Renewal

- | | |
|--|----------|
| <input type="checkbox"/> Individual, \$10.00 | \$ _____ |
| <input type="checkbox"/> Family, \$15.00 | \$ _____ |
| <input type="checkbox"/> Senior 62+, \$5.00 | \$ _____ |
| <input type="checkbox"/> Business Sponsor, \$25.00 | \$ _____ |
| <input type="checkbox"/> Benefactor, \$50.00 (or more) | \$ _____ |
| <input type="checkbox"/> Gift _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

Dues are tax deductible to the extent allowed by law.
The membership year ends with the annual meeting in May.

I am willing to help with:

- Book Sales Telephoning Special Projects _____
 Contact me, please. Unable to help at this time

Please bring this membership application to Franklin Public Library, or mail it to:

Friends of the Franklin Public Library
9151 West Loomis Road
Franklin, WI 53132