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|  | 2018/9 Membership FormYour membership and generosity are truly appreciated. |

Name:

Address:

City: State: Zip:

Phone:

Email:

 *Please check the type of annual membership desired. Expiration date: 12/31/2019.*

|  |  |  |  |  |  |
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| \_\_\_\_ | Individual, $10 | \_\_\_\_ | Family, $12 | \_\_\_\_ | Business, $25 per yr |
| \_\_\_\_ | Senior (62 and older), $5 | \_\_\_\_ | Patron, $25 | \_\_\_\_ | # of yrs (max 3 years) |
| \_\_\_\_ | Lifetime, $250 |  |  |  |  |

*Please consider making a financial donation to our 501 (c) (3) non-profit organization to supplement our fundraising activities for the Salem-South Lyon District Library. If you would like a 5 in. x 5 in. window cling please indicate below.*

 $ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes, I would like a 5 in. x 5 in. Window Cling with
 my donation of $5 or more.

*Please consider additional opportunities for our membership.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_\_ | Advisory Board Participation | \_\_\_\_ | Bakers on Call | \_\_\_\_ | Gardening |
| \_\_\_\_ | Advocacy | \_\_\_\_ | Book Room | \_\_\_\_ | Other, please specify: |
| \_\_\_\_ | Annual Book Sale | \_\_\_\_ | Fundraising |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for your support. Your 2018 & 2019 Friends Membership will be activated upon receipt of this form and payment. Acknowledgements of all financial donations will continue to be mailed out as soon as possible.

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| Please make your check payable to “**Friends of the SSLDL**” and mail or hand deliver it along with this form to: **Friends of the Salem-South Lyon District Library, Treasurer9800 Pontiac TrailSouth Lyon, MI 48178** |