



2018/9 Membership Form

Your 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.

___ 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.

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, Treasurer
9800 Pontiac Trail
South Lyon, MI 48178**