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

Name:

Address:

City: State: Zip:

Phone:

Email:

 *Please check the type of annual membership desired.*

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

*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.*

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

Thank you for your support. Your 2018 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** |