

Membership Form

Annandale Area Friends of the Library

Thank you for your interest in the Friends. Please fill out the membership form below, indicate your areas of interest and return it with your check to the address below.

I would like to be a Friend of the Annandale Area Public Library.

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (day) _____ (eve): _____

e-mail: _____

Dues Enclosed:

\$ 2 Children/students (under 18) and Seniors (60+)

\$ 5 Individual

\$10 Household

\$ _____ Business/Organization

Please check any/all Friends activities that interest you:

Fundraising Library Programs

Advocacy Volunteering at the Library

Make check payable to:

Annandale Area Friends of the Library

Return to:

Annandale Area Public Library

PO Box 207

Annandale, MN 55302

Call (320) 274-8448 for more information.