

MEMBERSHIP FORM



Moline Public Library Foundation

I would like to join Friends. I am enclosing \$ _____ for an annual membership.
(minimum \$5 membership fee)

Name _____

Address _____

City _____ State _____ ZIP _____

I would like to be involved with:

____ volunteer in Friends' Sale Room ____ annual fundraising ____ book sales

Please make check payable to Moline Public Library Foundation.

Membership form and payment can be dropped off or sent to:

Moline Public Library Foundation, 3210 41st Street, Moline IL 61265 attn.: Friends Board President