

Friends of Peninsula Library Membership Application

Please print and return this form to Peninsula Library by hand or mail.

I wish to be a friend of Peninsula Library. Enclosed is my membership contribution of

Seniors \$2.00 _____

Students \$2.00 _____

Individual \$5.00 _____

Family \$10.00 _____

Other _____

All dues are tax deductible per IRS guidelines. Please make checks payable to:

Friends of Peninsula Library
PO Box 58
Peninsula OH 44264

Date: _____

Name: _____

Address: _____ City _____ State _____

Zip Code _____

Phone _____

Would you be interested in helping with Friends sponsored events such The Book Sale Room, the Bizarre Bazaar, or any other library program?

Yes! Please call me at _____