



Be a Friend!

MEMBERSHIP APPLICATION

Your membership entitles you to a 15% discount at the Library Shop at Main located on the second floor.

Your Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Is this a gift membership? No Yes (provide gift recipient's information below)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-mail: _____

Membership Information:

Type (check one): New Membership Renewal Membership

Level (check one): Friend \$10 Family Friend \$20
 Best Friend \$50 Corporate Friend \$250 Lifetime \$100

Check here if you'd like to make an additional donation to FOML: Amount \$ _____

Enter total cash or check (made to Friends of Main Library) payment enclosed: Amount \$ _____

Membership is tax-deductible and good for one year from date of issuance.

Additional Support:

In addition, I wish to take an active role by participating in the following area(s) (check all that apply):

Library Shop on Main:

- Shop Volunteer
- Sorting Books

Other FOML Projects:

- FOML Board of Directors
- Social Media/Marketing
- Special projects (Main Event, book sales, etc.)

Return form and payment to: Friends of Main Library; c/o Library Shop at Main; Akron- Summit County Public Library; 60 S. High St.; Akron, OH 44326

FOML Use Only:

Date received: ____/____/____

Received by: _____