

FRIENDS OF THE LIBRARY MEMBERSHIP APPLICATION

This form can be dropped off (along with membership dues at the library) or mailed to

The Friends of the Library  
c/o New Carlisle Library  
111 E. Lake Ave.  
New Carlisle, OH 45344

Date \_\_\_\_\_

Annual Membership  
Please mark all items that apply:

Name: \_\_\_\_\_

\_\_\_ \$5.00 Individual

Address: \_\_\_\_\_

\_\_\_ \$10.00 Family\*

\_\_\_\_\_

\_\_\_ \$25 Business or

Phone: \_\_\_\_\_

\_\_\_ Non-Profit Organization

\*\*Email \_\_\_\_\_

\_\_\_ New \_\_\_ Renewal

\*A family membership consists of one (1) or (2) adults  
and their dependent children or grandchildren

PLEASE LIST ALL FAMILY NAMES

\*\*This will allow us to send you important information announcements and program