



Friends of the Kalamazoo Public Library Membership Form

Membership Type:

- New or Renewal
- \$20 – Individual
- \$35 – Family
- Optional donation - please specify: \$ _____

Name: _____

For a family membership, please list names of other family members:

Street Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

- Check here if you are interested in volunteering with the Friends (and thank you if you already do!)
- Check here if you do not want to be listed as a member in the Friends Annual Newsletter
- Check here if you do not want to receive our weekly emails that showcase featured and sale items

Drop off or mail completed form, accompanied by payment, to:

Friends of the Kalamazoo Public Library
315 South Rose Street
Kalamazoo, MI 49007