

Friends of **HERRICK MEMORIAL LIBRARY**
101 Willard Memorial Square • Wellington, Ohio 44090

_____ New Member

_____ Renewing Member

Membership Categories:

_____ Individual \$8.00
_____ Family \$15.00
_____ Org/Sponsor \$25.00
_____ Friend for Life* \$100.00
*Individual lifetime membership, one time cost

I am interested in helping with:

_____ Book sales
_____ Harvest of the Arts
_____ Serving as a board member
_____ Other, call me!

I am also enclosing a one-time contribution in the amount of \$_____.

Name: _____ Phone: _____

Address: _____

Town/State/Zip Code: _____

Email: _____

Please make check payable to **Friends of Herrick Memorial Library**.

Friends' Office Use Only				
Date Paid	Check/Cash (Circle One)	Check #	Deposit Date	Expiration Month/Year /
_____	_____	_____	_____	_____/_____/_____