

*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**.

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