



Friends of the Sisters Library Membership Application/Renewal

Name: _____

Check one: RENEWAL _____ New Member _____

_____ Check Here if your address, phone number or email address have changed

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check the type of Membership (check one only)

		Date	Paid
_____ Individual Annual Membership	\$15.00	_____	_____
_____ Family Annual Membership	\$20.00	_____	_____
_____ Business Annual Membership	\$35.00	_____	_____

Extra Donations:

Yes! I want to make an additional tax-deductible donation to the Friends of the Sisters Library, a non-profit organization--501 (c) (3). Amount: _____

TOTAL: _____

Volunteer!

- _____ Friends Book Corner _____ Newsletter _____ Marketing _____ Special Events
 _____ Membership _____ Phone Committee _____ Computer/Graphics _____ Friends Board

Please return this form to: Friends of the Sisters Library
 P.O. Box 1209
 Sisters, OR 97759

Please consider your cancelled check our grateful acknowledgement of your gift. THANK YOU!