

Application for Membership

Name:

Address:

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-Mail Address: _____

Other Address

To be used from _____ to _____

Name:

Address:

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-Mail Address: _____

over \$30 Ange
\$30 Patron
\$20 Associate
\$10 Active

If you'd like to become a library volunteer, please call Emilie at (715) 542-2020

**Please make checks payable to:
Friends of the Plum Lake Library**

Complete this application as you would like your name(s) to appear on mailings and return to:

**Friends of Plum Lake Library P.O. Box 114
Sayner, WI 54560**

Contributions to the Friend of the Plum Lake Library are tax deductible. Annual membership extends from September to August of each year. All memberships are considered family memberships.

To contact the Friends, e-mail them at : ebraunel@sayner.wislib.org