



Friends Membership Form

***Required**

Name*: _____

Address*: _____

Street

City

State

Zip

Email*: _____

Telephone*: _____

Membership*: **New Membership (Jan.–Dec.)** **Renewal**

\$10–\$24 Student/Senior

\$25–\$49 Friend/Family

\$50–\$99 Best Friend

\$100–\$249 Supporting Friend

\$250–\$499 Patron

\$500+ Sustainer

Additional Donation: _____

Preferred method of contact*: Email Telephone Mail

Pleas contact me for volunteer opportunities: Yes No

I do/do not grant permission to the Friends of CDL to use my name in online or printed materials.

Yes, I do grant permission

No, I do not grant permission

Additional Comments:

Please return this completed form with your check made payable to:
Friends of Chelsea District Library, 221 S. Main St., Chelsea, MI 48118