



**FRIENDS
OF AURORA
MEMORIAL
LIBRARY**

Membership Form

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone: _____

Available Membership Levels:

\$10 Individual Yearly: _____ \$100 Individual Lifetime: _____

\$25 Family Yearly: _____ \$250 Family Lifetime: _____

\$500 Benefactor: _____

Please place an "X" by the membership level you have chosen.

Send the completed form with your check made payable to:

Friends of Aurora Memorial Library
115 E. Pioneer Trail
Aurora, OH 44202

Indicate your interests:

Book Sales _____, Setup _____, Sorting _____, and Other _____

Someone will contact you. Thank you for your interest and support. (7-17-19/dpo)