

Membership Form for Friends of the Cross Plains Public Library

Name: _____

Address: _____

Phone: _____

New Member Renewal

I would be interested in assisting with:

Office Position Serve Refreshments Other: _____
 Fundraising Volunteer at Library
 Phone Calling Baking

This application may be mailed or left at the library. Please return to:

Friends of the Cross Plains Public Library
2107 Julius St.
Cross Plains, WI 53528

Annual Membership Dues:

Individual \$5
 Family \$10
 Lifetime \$40