

**I WANT
TO BE
A FrAPL
MEMBER!**



NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ Home Cell

EMAIL: _____

- | | | | |
|--|------|---|-----|
| <input type="checkbox"/> Individual Adult | \$10 | <input type="checkbox"/> Youth (13-17) | \$5 |
| <input type="checkbox"/> Family Membership | \$25 | <input type="checkbox"/> Senior (Over 55) | \$5 |

Please complete this membership application and return to the library staff along with your donation. We will sign you up and let you know our upcoming events so you can get involved immediately!



Make checks payable to: Friends of the Alger Public Library