Membership Form

Date ______________________

Name _______________________________________

Address_____________________________________

City, State, Zip ________________________________

Telephone number ______________________________

Email _________________________________________

Type of membership – check one:
   Individual $5 per year ☐
   Family $10 per year ☐
   Business membership $25 per year ☐

Please check how you want to be kept informed of the Friends of the Library activities:
   by email ☐ by phone ☐ by mail ☐

Please make checks out to: Friends of the Library @ Altenburg

Please mail this form and your check to Friends of the Library @ Altenburg, PO Box 32, Altenburg, MO 63732

If you have questions, contact Eunice Schlichting at 573-824-5267.

Additional tax-deductible donation enclosed: $ _________
☐ Check here if you would like to receive a letter acknowledging this donation