



Friends of the Library @ Altenburg

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