Friends of the Riverside Regional Library of Perryville 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 @ Perryville

Please mail this form and your check to Riverside Regional Library @ Perryville
(Please put Perryville Friends in the memo line on your check)

If you have questions, contact Melissa Haymaker at 573-547-6508

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