Membership Form

Date _____________________

Name _______________________________________

Address_____________________________________

City, State, Zip ______________________________

Telephone number ______________________________

Email _________________________________________

Type of membership – check one:
    Individual ☐
    Family ☐
    Business membership ☐

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

Please mail this form and any donation to Scott City Friends of the Library
2801 Main St, Scott City, MO 63780

If you have questions, contact Joyce Luten 573-264-2413

Tax-deductible donation enclosed: $ __________
☐ Check here if you would like to receive a letter acknowledging this donation