

Friends of the Bemidji Public Library
Membership Application
P O Box 1151
Bemidji MN 56619

Date _____

Renewing _____ New membership _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

Email _____

Levels of membership: Please check one that fits your level of support

___ \$5.00 Senior (over 55 years old)

___ \$5.00 Student

___ \$8.00 Individual

___ \$15.00 Family

___ \$30.00 Sustaining/Business

___ \$100.00 Supporting

___ \$300.00 (Life time – one time payment)

___ I wish to support the Friends but be inactive.

___ I wish to actively support the Friends and have checked below where I would like to help.

Red Door volunteer clerk _____ (Training is required before beginning to work)

Grant writing _____ Books for Baby project _____

Programming: _____ Children's _____ Adult

Wish to be a board member, please contact when an opening occurs. _____

Make your check payable to: **Friends of the Library** and mail to the address above.

Your membership goes to support programs in the library and the purchase of books. You will receive four newsletters throughout the year keeping you informed on our activities.