

Friends of the Lemont Public Library District

Membership Application

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

Annual Fee:

_____ Individual Membership \$10.00

_____ Family Membership \$15.00

_____ Not for Profit Membership \$20.00

_____ Business Membership \$30.00

_____ I'll help with the Book Sales

_____ I'll help with other projects

Drop off your completed application, together with check payable to Friends of the Lemont Public Library, at the library front desk or mail to:

**Friends of the Lemont Public Library
c/o Lemont Public Library
50 E. Wend St.
Lemont IL 60439**