



Woodridge Friends of the Library

FRIENDS MEMBERSHIP APPLICATION

Name_____

Street address_____

City_____ State_____ Zip_____

Telephone_____

Email_____

Date_____

MEMBERSHIP TYPE

Individual (Annual Fee) _____\$5 Organization (Annual Fee) _____\$10

Lifetime Member _____\$100 Additional Donation _____

Please make check payable to Woodridge Friends of the Library.

Mail your check and this form to Woodridge Public Library, 3 Plaza Drive, Woodridge, IL 60517.

QUESTIONS?

Are you interested in the *Friends* organization but would like to learn more or attend their next meeting? Please email us at: **friends@woodridgelibrary.org**