Membership Form

Name: __________________________________________

Street Address: __________________________________________

City: __________________________________________

State: __________________________________________

Zip Code: __________________________________________

Email Address: __________________________________________

Phone: __________________________________________

Available Membership Levels:

$10 Individual Yearly: _______  $100 Individual Lifetime: _______

$25 Family Yearly: _______  $250 Family Lifetime: _______

$500 Benefactor: _______

Please place an “X” by the membership level you have chosen.

Send the completed form with your check made payable to:

Friends of Aurora Memorial Library
115 E. Pioneer Trail
Aurora, OH  44202

Indicate your interests:

Book Sales _____, Setup _____, Sorting _____, and Other _____

Someone will contact you. Thank you for your interest and support.  (7-17-19/dpo)