MEMBERSHIP FORM

NAME: _________________________________________________________

EMAIL: _________________________________________________________

PHONE: (_____) _______________________________________________

ANNUAL MEMBERSHIPS                                  BENEFACTORS

☐ $35  FAMILY                                                ☐ $100 BRONZE

☐ $25  INDIVIDUAL                                           ☐ $250 SILVER

☐ $10  STUDENT                                              ☐ $500 GOLD

☐ OTHER $_______                                             ☐ $1,000 PLATINUM

☐ I’m gifting a membership to: _____________________________

    Email: ________________________________________________

☐ I’m donating on behalf of/in honor of

    ___________________________ $_________

☐ YES! I WANT TO VOLUNTEER.

    PLEASE CONTACT ME WITH MORE INFORMATION.

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is a tax-exempt entity. Dues are paid annually.

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