

Friends of the Library - Membership Application

I wish to become a member of the Friends of Tamarack District Library

Date _____ Renewal _____ First Time _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

E-mail address _____

Enclosed is my membership fee: Adult (\$5.00) _____ Students (\$1.00) _____

Please make check payable to Friends of Tamarack District Library

Mail to **Friends of Tamarack District Library, P.O. Box 18⁴, Lakeview, MI 48850** or drop off during normal library hours.