

FRIENDS MEMBERSHIP
SEPTEMBER, 2010 THRU SEPTEMBER, 2011

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Amount listed below is for one individual only!

_____ Individual\$ 6.00	_____ LIFE Member.....\$ 100.00
_____ Sustaining.....\$ 10.00	_____ Donor.....\$ 500.00
_____ Contributing....\$ 25.00	_____ Benefactor.....\$ 1,000.00
_____ Patron.....\$ 50.00	

I will help on committees: YES _____ NO _____

Please make checks payable to:

FRIENDS OF THE ALTOONA AREA PUBLIC LIBRARY

Please complete above application and, with amount chosen, mail to:

Virginia Ferramini
1600 5th Ave
Altoona, PA 16602