

**FRIENDS MEMBERSHIP**  
**SEPTEMBER 2016 THROUGH SEPTEMBER 2017**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Amount listed below is for one individual only! EMAIL \_\_\_\_\_

_____ 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 5<sup>th</sup> Ave  
Altoona, PA 16602