



**Friends of the Salem Public Library**

403 N. Jackson  
Salem, MO 65560

**Member Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

**Membership Fee**

\_\_\_\_\_ Individual (\$10)

\_\_\_\_\_ Business (\$25)

\_\_\_\_\_ Family (\$15)

\$\_\_\_\_\_ Donation (please indicate amount)

Make checks payable to ***Friends of the Salem Public Library***. You may 1) drop them off at the library, or 2) mail them to the address shown above. Fees apply through the end of the calendar year. Donations may be tax deductible, please consult your tax advisor.

**Volunteer Opportunities**

Please indicate how you may be able to help:

\_\_\_\_\_ Book sales

\_\_\_\_\_ Fundraiser(s)

\_\_\_\_\_ Other (Please call as the need arises to see if I'm available for help).

What would you like to see the club do?

\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Thank you for your support!***