

MEMBERSHIP APPLICATION / RENEWAL

(Your membership expires as per month/year on the address label)

(Please circle)

Please make checks payable to and mail to:

Individual \$ 15

Family \$ 35

Patron \$ 50

Benefactor \$100

Life Member \$500

Special Gift \$ _____

Western Springs Library Friends

800 West Chestnut Street
Western Springs, IL 60558

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____ - _____

Email: _____

@ _____

Thank you for your support

I/We would like to help with one of the book sales (fall/spring) _____