



Friends of the DeKalb Public Library Membership Form

Name _____ Date _____

Address _____

City _____ Zip _____

Email _____ Phone _____

Are you a ____ new or ____ returning member?

Membership Category (check one)

_____ \$10.00 Individual

_____ \$25.00 Family

_____ \$50.00 Contributing

_____ \$100.00 Patron

_____ Other

Return this form with your check, payable to *Friends of the DeKalb Public Library*, to:

DeKalb Public Library

309 Oak Street

DeKalb, IL 60115

You will receive your membership card in the mail. Present the card for one free book during each Friends of the DKPL book sale.

Note: Membership renewal letters are mailed to members early in the calendar year, regardless of the date you became a member. Please renew annually!