

Friends of the DeKalb Public Library

2015 Membership Form



Name _____

Address _____

City _____ Zip _____

Phone Number _____

E-Mail _____

Membership Category (check one):

_____ Individual \$10.00

_____ Family \$25.00

_____ Contributing \$50.00

_____ Patron \$100.00

_____ Other \$ _____

Return this form with your check made out to:

Friends of the DeKalb Public Library

309 Oak St.

DeKalb, IL 60115

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

Thank you!