



FRIENDS MEMBERSHIP FORM

Yes, I want to be a Friend of the Elk Grove Village Public Library!

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Email: _____

I WOULD LIKE TO VOLUNTEER:

- Board Membership Special Events

Please make check payable to: Friends of the Elk Grove Village Public Library

Remit to the Library by mail or in person at:

1001 Wellington Avenue, Elk Grove Village, IL 60007 **Attn:** Membership

Membership year: May 1 - April 30.

Dues paid in March and April will be effective May 1st of that year.

Please check one:

- New Membership
 Renew Membership

Please check one:

- \$ 1.00 Student
 \$ 5.00 Individual
 \$ 10.00 Family
 \$ 25.00 Patron
 \$ 100.00 Lifetime