

Membership Form

Yes, I want to be a "Friend"

(please print)

New Renewal

Date: _____

Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work/Other Phone: _____

Email Address: _____

Yes, I'm interested in becoming an FAPL volunteer

Annual Membership Categories (per person, except for family membership)

Individual: \$15

Family: \$25

Lifetime: \$300

Discounted (Student/Seniors 55+/Library Staff/Book Outlet Volunteers): \$10

Membership Amount: \$ _____

Additional Donation: \$ _____

Make check payable to: Friends of the Aurora Public Library or FAPL

(if you would prefer to pay by cash, please stop by the store during regular hours to drop off your membership)

Mail to: Friends of the Aurora Public Library

2243 S Peoria St

Aurora, CO 80014

All membership fees and donations are tax deductible as allowed by law

THANK YOU!