



OZARK REGIONAL LIBRARY

FOUNDATION

Friends of the Library Membership Application

Name: _____ Date: _____

Mailing or Email Address: _____

Phone: _____ Preferred Contact Method: _____

Home Library Branch (if applicable): _____

Membership Level (check one):

- ☐ \$10 Agatha Christie (under 18 or over 62 years of age)
- ☐ \$15 O. Henry
- ☐ \$25 Ian Fleming
- ☐ \$50 Jane Austen
- ☐ \$100 Shakespeare

☐ One-Time Donation: \$ _____

Optional dedication language:

In the name of _____

In memory of _____

In honor of _____

Memberships are annual and renew one year from the application date.

Make checks payable to: *Ozark Regional Library Foundation*

Debit/credit cards: Available through the online form at
<https://ozarkregional.org/ORLFoundation>

Comments: