



F R I E N D S

NORTH PLAINS PUBLIC LIBRARY

Mission: to provide funding and support to the North Plains Public Library.

Please circle one:

Individual \$15.00
Family \$25.00
Patron \$50.00

Sponsor \$100.00
Corporate \$250.00
Lifetime \$1000+

Volunteer Waiver
Honorary Member

Name: _____

Phone: _____

Mailing Address: _____

E-Mail: _____

Membership Renewal
Date _____
(Membership is July 1 to June 30)

Please circle one:

I am a new member.

I am a renewing member.

I would like to support the organization with a gift of my time.

Make checks payable to:
Friends of the North Plains Public Library
P.O. Box 525
North Plains, OR. 97133
(contributions are tax deductible)