

Friends of Johnson County Library Membership Form

Name _____

Address _____

City/State/Zip Code _____

Home Phone _____

Work Phone _____

E-Mail _____

Membership Options

Please check:

New Member Renewal Member

\$10 Student

\$20 Individual

\$25 Family

\$50 Sponsor

\$100 Patron

\$1,000 Lifetime Membership

\$20 Gift Membership for: _____

\$ _____ Donation

My company provides matching funds contribution. Please contact:

Please make checks payable to the *Friends of the Johnson County Library*.

Print, complete and mail with your check to: Friends of the Johnson County Library, P.O. Box 183, Shawnee Mission, KS 66201-0183
... or bring to any Johnson County Library location.

For Office Use Only:

L/C _____

B M S W