

Member Information		Date:	
Name:		Business Name (if applicable):	
Address:			
Phone:		Email:	

Membership Levels and Benefits (Please check one.)		Member Recognition
<input type="checkbox"/>	\$20 INDIVIDUAL MEMBER <ul style="list-style-type: none"> Friends' membership for <u>individual</u> 	Thank you for your donation! No additional information is needed for this level.
<input type="checkbox"/>	\$35 FAMILY MEMBER <ul style="list-style-type: none"> Friends' membership for <u>entire household sharing same address</u> 	Thank you for your donation! No additional information is needed for this level.
<input type="checkbox"/>	\$100 CENTURY CLUB MEMBER <ul style="list-style-type: none"> Friends' membership for <u>entire household sharing same address</u> Name on Friends' Plaque hanging in library* 	*Please provide the name you wish to appear on recognition items (your name, business name, memorial, etc.). Plaque: _____ <input type="checkbox"/> If this is a memorial, please check to add "In memory of" on the plaque.
<input type="checkbox"/>	\$200 BUSINESS PARTNER <ul style="list-style-type: none"> Friends' membership for <u>entire household sharing same address</u> Name on Friends' Plaque for businesses/organizations hanging in library* Recognition in the <i>Carterville Courier</i>* 	*Please provide the name you wish to appear on recognition items (your name, business name, memorial, etc.). Plaque: _____ Courier: _____ <input type="checkbox"/> If this is a memorial, please check to add "In memory of" on the plaque and in the Courier.
<input type="checkbox"/>	\$500 COMMUNITY PARTNER <ul style="list-style-type: none"> Friends' membership for <u>entire household sharing same address</u> Name on Friends' Plaque hanging in library* Recognition in the <i>Carterville Courier</i>* 	*Please provide the name you wish to appear on recognition items (your name, business name, memorial, etc.). Plaque: _____ Courier: _____ <input type="checkbox"/> If this is a memorial, please check to add "In memory of" on the plaque and in the Courier.
<input type="checkbox"/>	\$1,000+ LITERARY LEADER <ul style="list-style-type: none"> Friends' membership for <u>entire household sharing same address</u> Name on Friends' Plaque hanging in library* Recognition in the <i>Carterville Courier</i>* Literary Leader Award* 	*Please provide the name you wish to appear on recognition items (your name, business name, memorial, etc.). Plaque: _____ Courier: _____ Award: _____ <input type="checkbox"/> If this is a memorial, please check to add "In memory of" on the plaque and in the Courier.

Volunteer Opportunities (If you'd like to volunteer, check the box(es) below that interest you. Thank you!)					
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Assist with Book Sales	<input type="checkbox"/>	Events
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Facilities and/or grounds upkeep	<input type="checkbox"/>	Wherever needed

Please make checks payable to **FRIENDS OF THE ANNE WEST LINDSEY DISTRICT LIBRARY**.
 Return completed forms and donations to the library or mail to: AWL Library, 600 N. Division, Carterville, IL 62918.
 More information, including our calendar and online form, is available at www.awlindsey.com/friends.

Thank you for your support of the library and for your membership donation!