

# FRIENDS OF THE AURELIUS LIBRARY MEMBERSHIP APPLICATION

Name \_\_\_\_\_

\_\_\_\_\_

Business or Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Skills to share and/or things you would like to see and do as a member \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual \$5.00 \_\_\_\_\_ Family \$8.00 \_\_\_\_\_ Business/Supporting \$10.00 \_\_\_\_\_

Please make checks payable to: CADL/Aurelius Friends