

## Membership Application / Renewal

(Please print clearly)

Date:		
Name / Donor:		
Address:	Apt. Number:	
City / State:	Zip Code:	
Phone:	Email:	
	with the Friends of TPL.	<ul><li>○ Gift membership</li><li>○ Donation</li></ul>
<b>Annual Memberships</b>	Lifetime Membership	<b>Business Memberships</b>
○ \$10 Individual	○ \$1,000 Individual / Couple	○ \$500 Bronze
○ \$20 Household		○ \$1,000 Silver
○ \$100 Patron		○ \$1,500 Gold
○ \$250 Benefactor		
·	the Temple Public Library, a 501(c)3 charitable organiza and Business Sponsors are recognized at book sales a	
	ents, please check above right and provide  w). For donations, check above right and g	
		Phone:
Address:	City/State:	Zip Code:
Email:		
	ls  ade <i>in memory of</i> or <i>in honor of</i> an individuation for the gift acknowledgment:	ual or couple. Please provide the donor
In Memory Of:		Amount:
•	ent sent (with no amount included), please	
Address:	City/State:	Zin Code: