

Friends of the Library Registration Form

Membership Level Choice: _____

Life member: \$1000
Sustaining member: \$250
Patron: \$100
Civic member: \$50
Family: \$25
Individual member: \$15
Senior member: \$10
SCDL Staff member: \$10

Amount enclosed: _____

_____ New Member

_____ Renewal Membership

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

E-mail: _____

**Copy and mail with your check
(payable to FOL) to:**

**SCDL Friends of the Library
715 Market Avenue North
Canton, OH 44702**