

FRIENDS

MEMBERSHIP

Name _____ Phone # (____) _____

Address _____
(Street Address) (City) (ST) (ZIP)

ANNUAL DUES:

Please check one: Adults (\$5) Good Friend (\$10) Family Friends (\$15; list names)
 Best Friend (\$25) _____

Please Check One: New Membership **or** Membership Renewal

Volunteer for: Book Store **or** library events/programs

Please make checks payable to: The Friends of the Tinley Park Public Library
7851 Timber Drive, Tinley Park, IL 60477