

**Friends of the Library
Registration Form**

Name _____

Street _____

City _____ State _____

Zip Code _____

Phone No. _____

email: _____

Please make checks payable to
FRIENDS OF THE LIBRARY
and send along with this form to:

The Friends of the Library
215 E. Third Street
Dayton, OH 45402

Membership Levels:

- \$5 Individual \$10 Family
 \$25 Organization/
Good Friend \$50 True Friend
 \$100 Best Friend

Thank you!