

Friends of the Falls Public Library

Membership Form

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Please check the appropriate membership type:

_____ Individual \$10

_____ Family \$20

_____ Business/Organization \$40

Print out and mail this completed form and membership fee to:

Friends of the Falls Public Library, 750 4th St., International Falls, MN 56649