

Join or renew membership in the **Friends of Mead Public Library**

Name _____ Address _____

City/State _____ Zip _____ Phone _____

E-Mail _____ Date _____

The membership year extends from April to April. This membership is _____ new or _____ renewal.

Membership: _____ 1-Year Individual (\$15) _____ 2-Year Individual (\$30) _____ 3-Year Individual (\$45)

_____ 1-Year Family (\$25) _____ Life (\$300)

Extra Donation: \$ _____ (money will go for specific purchase from library's "wish list")

Please check any that apply even if you have done so before, so that we may update our records:

I am available to help with these projects as a volunteer for the Friends of Mead Public Library:

___ BookStore sorting and preparation ___ book sales ___ hospitality ___ fund-raising projects

I am available to help with these projects as a volunteer for Mead Public Library:

___ shelf reading ___ locating reserve items ___ misc. book processing ___ home delivery (drivers)

___ selecting books for home delivery readers or nursing homes ___ local history projects ___ hospitality

___ helping others learn to use e-readers, computers, etc. ___ **At this time, I am unable to help**

Please make checks payable to: **Friends of Mead Public Library**

Please mail to: Friends of Mead Public Library, 710 North 8th St., Sheboygan WI 53081-4563