



FRIENDS • ADVOCATES • VOLUNTEERS

To join, simply complete this membership form and return it to the library along with your membership dues. Please include your email address so you receive Friends of Mukwonago Library meeting notices, as well as news of upcoming events and promotions.

MEMBERSHIP FORM

YES! I want to join the Friends of Mukwonago Library!

- My dues are enclosed. \$ _____
- Additional contribution is enclosed. \$ _____

Please make checks payable to: **Friends of Mukwonago Library**

Your gift is tax deductible to the maximum extent permissible under the current law.

My volunteer preferences:

- Baking (cookies and pies)
- Set up for events
- Work at events
- Assist with planning for events

Last Name : _____

First Name : _____ M.I. : _____

Address : _____

City/State : _____ ZIP: _____

Phone : _____

*Email : _____

ANNUAL MEMBERSHIP LEVELS

RENEWS ANNUALLY IN MARCH

- Individual \$10
- Family \$20
- Lifetime \$100
- Donation (other) \$ _____

Thank You
for your support!

CONTACT INFORMATION

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