

# Membership Application

New Membership

Renewal

Gift Membership

for: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send my newsletter via mail instead of my email

## Annual Dues:

Fiction ..... \$10

History ..... \$35

Romance ..... \$50

Mystery ..... \$100

Classic (life member one-time payment) \$250

Non-Fiction (donation)..... \$\_\_\_\_\_

Yes! I am interested in volunteering

Please return the completed form and  
your cash or check to the library  
or mail it to:

**Friends of the Springfield Public Library**

225 Fifth Street

Springfield, OR 97477

*Thank you for joining the Friends of the  
Springfield Public Library!*

**If you have questions, contact us at:**

email: [spfd.library.friends@gmail.com](mailto:spfd.library.friends@gmail.com)

web: [wheremindsgrow.org/friends.html](http://wheremindsgrow.org/friends.html)

phone: (541) 726-3766