

Membership Form
Friends of the New Orleans Public Library

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Are you a *new* or *renewing* member? (*Circle one*)

Membership Levels (*Check one*):

- _____ Individual - \$15
- _____ Family - \$25
- _____ Patron - \$50
- _____ Contributing - \$100
- _____ Supporting - \$250
- _____ Benefactor - \$500
- _____ Sponsor - \$1,000

Payment:

_____ Check _____ Visa _____ MasterCard

Credit Card # _____

Exp. Date _____

Signature _____

Please return the completed form to:

Friends of the New Orleans Public Library
219 Loyola Ave.
New Orleans, LA 70112-2044