

Stayton Friends of the Library

Membership Application

Please fill out this application and mail it to:

Stayton Friends of the Library

PO Box 754

Stayton, OR 97383

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Check One:

_____ Individual Membership - \$5.00

_____ Family Membership - \$10.00

_____ Contributing Member - \$25.00

_____ Lifetime Member - \$100.00

Check all that apply:

_____ I would like to be notified of the monthly meetings and become involved

_____ Call me to help with the book sale

_____ Call me about helping at the Used Bookstore

_____ I support libraries, literature, and culture