Friends of the North Miami Library
Membership Application

NAME: _____

ADDRESS: _____
Street City State Zip

TELEPHONE: _____/_____/_____
Home / Alternate / Cell

E-MAIL: _____

I enclose my membership of $_____

☐ CASH

☐ CHEQUE Please make checks payable to: FRIENDS OF THE NORTH MIAMI LIBRARY

I WOULD LIKE TO HELP WITH:

☐ Art receptions

☐ Author events

☐ Book sale activities

☐ Membership services

☐ Newsletter

☐ Phone committee

☐ Special events

☐ Other

☐ I prefer to be a silent supporter

Please print this form and drop it by the Library or mail to:

Friends of the Library
835 NE 132nd Street
North Miami, FL 33161

THANK YOU FOR YOUR SUPPORT