



# Friends of the Mishawaka-Penn-Harris Public Library Membership Application Form

**Instructions: Print this page, fill out form, and mail to:**

**Friends of the Library  
209 Lincoln Way East  
Mishawaka, IN 46544**

*The application and fee may also be dropped off at any Mishawaka-Penn-Harris Public Library location.*

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_

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

**Please check one:**

New \_\_\_\_\_ Renewal \_\_\_\_\_ Gift membership \_\_\_\_\_ From: \_\_\_\_\_

**Please check one:**

Individual: One year \$7.00 \_\_\_\_\_ Three years \$14.00 \_\_\_\_\_

Family: One year \$10.00 \_\_\_\_\_ Three years \$22.00 \_\_\_\_\_

Junior (Grades K-12): One year \$1.00 \_\_\_\_\_

Life Member: \$100.00 \_\_\_\_\_

Additional Donation (Tax deductible): \$ \_\_\_\_\_

*Please make check payable to the Friends of the Mishawaka-Penn-Harris Public Library.*

**Please check one:**

I would like to volunteer for the Friends of the Library. \_\_\_\_\_

I would like to volunteer at the library. \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_