



Friends of the Library Membership Form

Name_____

Address_____

City_____ State_____ ZIP_____

Phone_____ Email_____

- Regular Membership** - \$25 per year
- Family Membership** - \$35 per year
- Lifetime Membership** - \$250 per year

Send application and dues to:

Friends of the Library
PO Box 3403
Kalispell, MT 59903