

FRIENDS OF THE SPIRIT LAKE LIBRARY MEMBERSHIP FORM

Name _____

Address _____

Home Phone _____ Cell Phone _____

Donation \$ _____ Please make checks to Friends of SLPL

Optional/additional Ways to Help

_____ Adopt-a-Shelf

_____ Children's Programs

_____ Tasks at Library

_____ Outreach to Nursing Home and
Assisted Living Centers

Classes or Programs I'd be Willing to Teach

Programming

Programs I have enjoyed at the library

Programs I would like to see at the library

Other Comments and/or Suggestions