

# Membership Application

Friends of the Aram Public Library, Inc.

404 E. Walworth Avenue

Delavan, WI 53115

262-728-3111

[friends@aramlibrary.org](mailto:friends@aramlibrary.org)

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

Mailing Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

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

I prefer to be contacted by:	Email	Mail	Phone
Annual Membership Amount:	\$5.00		
Donation to FOAPL	\$ _____		
Total	\$ _____		
	New	Renewal	Year _____

Membership entitles you to:

- Vote for officers of the Friends at the annual October meeting
- Early entry to book sales
- Support your community through volunteer work
- Assist at library programs