



MULTNOMAH COUNTY LIBRARY  
**FRIENDS  
 OF THE  
 LIBRARY**

# Membership

Become a Friend of the Library

*\*required fields*

**YES!** I want to become a Friend of the Multnomah County Library!

**I am:**  Renewing my membership  
 Applying for a new membership

**\* Membership Level:**

- |                                     |             |  |       |  |
|-------------------------------------|-------------|--|-------|--|
| <input type="checkbox"/> Benefactor | \$500       | <input type="checkbox"/> Family              | \$45  | <input type="checkbox"/> Employer Matching Fund<br><i>(to activate, you must include<br/>paperwork from your employer)</i> |
| <input type="checkbox"/> Sponsor    | \$250       | <input type="checkbox"/> Senior Family       | \$40  |  |
| <input type="checkbox"/> Patron     | \$100       | <input type="checkbox"/> Individual          | \$30  |  |
| <input type="checkbox"/> Supporter  | \$75        | <input type="checkbox"/> Senior and Under 25 | \$20  |  |
| <input type="checkbox"/> Sustaining | min \$10/mo | <input type="checkbox"/> One-time Gift       | _____ |  |

**Contact Information:**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
 \*Address (line1) \_\_\_\_\_  
 Address (line2) \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 My Local Branch Library \_\_\_\_\_

**This is a gift membership for:**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
 \*Address (line1) \_\_\_\_\_  
 Address (line2) \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Their Local Branch Library \_\_\_\_\_

**I would like more information about:**

- |  |   |
|--|---|
| <input type="checkbox"/> Libraries YES! campaign | <input type="checkbox"/> Volunteering   |
| <input type="checkbox"/> Book Sales              | <input type="checkbox"/> Book Donations |
| <input type="checkbox"/> Friend's Events         |   |

**Payment method:**

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Check enclosed | Card number: _____     |
| <input type="checkbox"/> Visa           | Expiration date: _____ |
| <input type="checkbox"/> Mastercard     |                        |

**Send this form with your payment to:**

Friends of the Library  
 919 SW Taylor St, Suite 220  
 Portland, OR 97205

**For More Information:**

Call 503-224-9176  
 Or visit our web site: [www.friends-library.org](http://www.friends-library.org)