

APPLICATION FOR MEMBERSHIP

Name _____
Address _____
City _____ State _____ ZIP _____
Daytime phone # _____ Evening phone # _____

Membership Categories

(Please check your choices)

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Student/Senior Citizen | \$ 5 | <input type="checkbox"/> Sustaining | \$100 |
| <input type="checkbox"/> Adult | \$ 15 | <input type="checkbox"/> Corporate/Founding Member | \$500 |
| <input type="checkbox"/> Family | \$ 25 | <input type="checkbox"/> Other donations | _____ |
| <input type="checkbox"/> Patron | \$ 50 | | |

Total enclosed _____

**Send to: Friends of Missouri City Library
1530 Texas Parkway
Missouri City, TX 77489**