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Indicate **Membership Level**
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Membership Application Form

(Personal data for the use of FOBL may, if needed, be shared with the Deschutes Public Library and the Deschutes Public Library Foundation)

Membership Level (circle one)

Student \$5/person **Senior (60+)** \$5/person **Individual** \$10/person **Family** \$15/one address
Contributor \$25 **Sponsor** \$50 **Patron** \$100 **Benefactor** \$250+

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Call me to **HELP** with (circle 1 or more): *Friendshop, Book Sales, Membership, Newsletter, Website, Other*

OFFICE USE ONLY: date rec'd _____ \$ _____ Cash, Ck# _____ NEW *Renewal* Initials _____