

2021 Membership Renewal Form (Organizations)

Send to: MALF, 1080 Montreal Avenue, Suite 2, Saint Paul, MN, 55116

RENEWING ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIZE OF FRIENDS GROUP: _____

ORGANIZATION'S EMAIL (if applicable): _____

ORGANIZATION'S PHONE NO. (if applicable): _____

PREFERRED MALF CONTACT PERSON (AND POSITION): _____

PREFERRED CONTACT'S EMAIL (if different from above): _____

PREFERRED CONTACT'S PHONE (if different from above): _____

Please use the space below to list all other Friends leaders who would like to receive MALF emails concerning grants, events, and great ideas for Friends groups.

NAME/EMAIL: _____ POSITION: _____

NAME/EMAIL: _____ POSITION: _____

NAME/EMAIL: _____ POSITION: _____

NAME/EMAIL: _____ POSITION: _____

Membership Levels (please select one)

Individual: \$10 ____

Friends Group: \$25 ____

Institution (Libraries, Corporations): \$25 ____

Donation (optional)

\$10 ____ \$75 ____

\$25 ____ \$100 ____

\$50 ____ Other ____

THANK YOU!

Note: Please make checks payable to "MN Association of Library Friends." Membership dues in the Minnesota Association of Library Friends are tax-deductible.