

2021 Membership Renewal Form (Individuals)

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

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED EMAIL (if applicable): _____

PREFERRED PHONE NO. (if applicable): _____

AFFILIATED FRIENDS GROUP (if any): _____

APPROX. SIZE OF AFFILIATED FRIENDS GROUP (if known): _____

Do you have friends or colleagues who may be interested in the Minnesota Association of Library Friends? List them below, and we will send them an informational brochure on MALF and membership. We appreciate your referrals!

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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, as are all donations.