

Friends of the Monroeville Public Library
Membership Application 2021
(please print this form)

Yes! I want to become a Friend.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Date: _____

email address: _____

Enclosed is my check for:

___ \$15 (Individual) ___ 25\$(Family) ___ \$50-\$99 (Patron)

___ \$100+(Benefactor) ___ (Other)

*Please make checks payable to: **Friends of MPL***

Return by mail or in person* to:

Friends of the Monroeville Public Library
c/o Monroeville Public Liobrary
4000 Gateway Campus Blvd.
Monroeville, PA 15146

**Note: If returning in person, please take this to the circulation desk and indicate on the envelope that it is for The Friends of MPL.*