

Friends of the Coopersville Area District Library Membership Application

Date_____

Mr. (&) Mrs., Ms., Miss _____

Address_____

City_____ State _____ Zip Code_____

Telephone_____ Fax_____ Email_____

Membership Contribution: \$5___ \$10___ \$25___ Other_____

I am interested in active participation in the Friends' projects.

I would like to make a donation, but do not wish to participate in Friends' activities at this time.

Dues and contributions are tax-deductible.

Please make checks payable to:

FRIENDS OF C.A.D.L

333 Ottawa St.

Coopersville, MI 49404

Please check here if you would like to volunteer at the annual book sale.

Please check here if you would like to volunteer at the Berlin Fair.

Please check here if you would like to volunteer in creating a monthly newsletter along with other promotional materials.

Please check here if you would like to volunteer in conducting quarterly Friends' meetings.