



Membership Form

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email address: _____

I am: a new member renewing my membership

Membership level:

- Individual \$10
- Family/Household \$15
- Sponsor \$25
- Patron \$50
- Benefactor \$100
- Lifetime \$500

Membership year is January 1 through December 31. Your donation is tax deductible.

**Please return this form and your check to:
Friends of the Sun Prairie Public Library
1350 Linnerud Dr.
Sun Prairie, WI 53590**



Contact us: 608-825-7323
sunlibraryfriends@gmail.com
www.sunprairiepubliclibrary.org/friends