



**FRIENDS OF THE CARTHAGE PUBLIC LIBRARY ANNUAL MEMBERSHIP
APPLICATION**

Name _____ **Phone #** _____

Address _____

Email _____

Membership options:

_____ \$5 Student _____ \$10 Individual _____ \$25 Family _____ \$25 Sponsor

Make checks payable to the **Friends of the Carthage Public Library**

Please complete this application and either drop it off or send it and your check to the

***Carthage Public Library, Attention: Friends of the Library
500 Wabash Avenue, Carthage, IL 62321***