



Fremont Area District Library

Give the Gift of Friendship

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

Email: _____

Today's Date: _____

Please make checks payable to Friends of FADL

☐ Individual \$10/year

☐ Family \$15/year

☐ Reader \$25/year

☐ Patron \$50/year

☐ Benefactor \$100/year

☐ New Member ☐ Donation

☐ Renewing Member

Amount Enclosed: _____

I am willing to help the Friends with:

☐ Book sales

☐ Social events

☐ Friends Room

☐ Outreach to medical care facility

Do you winter away at a different address? We want you to receive our mail during the winter. Providing us with that additional address will ensure delivery.

Winter Address: _____

Winter City: _____ ST: _____ Zip: _____

Start Winter Address Date: _____ End Winter Address Date: _____