

Annual Membership Application
(June 1 through May 31)

Please enroll me as a member of the Friends of the Oak Brook Public Library

Check# _____ Check Date _____

Name(s) _____

Address _____

Telephone _____ E-mail _____

Membership categories are:

Individual.....\$25	Patron.....\$100
Family.....\$40	Corporate.....\$125
Sponsor.....\$75	Other.....\$ _____

Please make check payable to:

Friends of the Oak Brook Public Library

Mail to:

Friends of the Oak Brook Public Library

Box 3131

Oak Brook, IL 60522-3131

For further information, contact the Friends at:

630-368-7737