

**Friends of the Plano Community Library District
Membership Application**

For Individual, Student or Family Memberships:

Name: _____

Address: _____

Phone: _____

For Family Membership:

Names of other Family Members
(K—Adult: Please note student's grade level):

For Business or Organizational Membership:

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____

For All—Please check one:

_____ Active Member _____ Contributory Member

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