

Friends of the Crown Point Library

2025 MEMBERSHIP FORM

New Member **Renew my membership**

\$10 Adult Single **\$15 Adult Family** **\$150 New Lifetime**
(2 members)

I would like to make an additional donation of \$ _____

In honor of _____

TODAY'S DATE _____

First Name _____

Last Name _____

If purchasing a Family membership, please print the name for the second card

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

- Subscribe to the Library's monthly newsletter**
- Yes, contact me to volunteer at an event**

FRIENDS OF THE CROWN POINT LIBRARY

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www.crownpointlibrary.org/library-friends



FRIENDS
of the
Crown Point Library