



MEMBERSHIP FORM

☐ **New Member** ☐ **Renew**

- ☐ **\$10 Adult Single**
- ☐ **\$15 Adult Family (2 members)**
- ☐ **\$150 New Lifetime**
- ☐ **Update my contact information**

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

In honor of _____

Date: October _____

- *Your membership is good through December 31, 2026*
- *You will be entered in the drawing to win a Lifetime Membership (winner drawn Nov. 3)*

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 me to the monthly newsletter (option to opt out)**
- ☐ **Yes, contact me to volunteer at an event**

**Mail or bring to either
library location.**

FRIENDS OF THE CROWN POINT LIBRARY

122 N. Main Street, Crown Point, IN 46307

email: cpclfriends@gmail.com

(219) 663-0270

www.crownpointlibrary.org/library-friends