



Membership Application

Member Information:

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone _____ Alternate Phone _____

Email Address _____

Membership Level (Check One):

Manuscript (Individual) \$10 Manuscript (Senior 60+) \$8

Bestseller \$25 (Household) First Edition \$50 (Household)

Limited Edition \$100 (Household) Rare Book \$250 (Household)

Payment Method:

Check / Money Order # _____

Credit Card Visa MasterCard Expiration Date ____ / ____

Card Number _____

3 Digit CSC Code _____ Billing address zip code _____

I authorize the Friends of the St. Charles City-County Library to charge \$ _____ to my credit card listed above.

Name on Card _____ Signature _____

- Please send me information on how to leave the St. Charles City-County Library Foundation in my will or trust.
- Please send me information on how to get involved as a volunteer.
- Please include me in mailings of upcoming events.

Please Return to:
St. Charles City-County Library District
Attn: Friends of the Library
77 Boone Hills Drive PO Box 529
St. Peters, MO 63376
Questions call 636-441-2300 ext 1596