

## MEMBERSHIP APPLICATION

Membership Type:

- Student / Senior (circle one) \$20/yr  
 Regular \$35/yr  
 Household (2 people/same address) \$50/yr  
 Supporting \$100/yr  
 Life \$1,000



( ) I'd like to make an additional donation of \$ \_\_\_\_\_

Total amount of money included with application  
(application and donation): \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Second Name \_\_\_\_\_  
(for household membership)

School \_\_\_\_\_  
(for student membership)

As a member of the Quatrefoil Library, I agree that I am responsible for the return of all borrowed materials when due and I agree to pay promptly any fines or replacement costs for late, damaged, or lost material.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Membership information is held confidentially; not shared with any other group.

Check here if you **do not** wish to receive any mail from the library (newsletters, membership card, event notices). (If you have checked the box above, your membership card will not be mailed to you. You may pick it up at the library in approximately four weeks.) **However**, even if you check the above box, we retain the right to mail you notices of overdue material.

### THANK YOU FOR YOUR MEMBERSHIP!

*Quatrefoil Library is a 501(c)(3) nonprofit organization. Membership donations are tax deductible.*

#### For Library Use Only:

Date Received: \_\_\_\_\_ Volunteer initials \_\_\_\_\_

Database \_\_\_\_\_

Cash  CC  Check # \_\_\_\_\_

Cards \_\_\_\_\_

Membership Number 1 \_\_\_\_\_

Rev. 01/2010

Membership Number 2 \_\_\_\_\_

Mail completed form to: Quatrefoil Library, 1619 Dayton Ave., #105, St. Paul, MN 55104

www.qlibrary.org—view catalog / new membership benefits