Friends of the Leach Public Library
Membership Form

Name_____

Address: _____

Phone #: _____

Email: _____

The Friends' annual membership fee is $5.00

I want to:

____ Become a member ____ Renew my membership

____ Make an additional donation

Cash or check payments only. Please make checks out to the Friends of the Library.

FRIENDS OF THE Leach Public Library

leachpubliclibraryfriends@gmail.com

Please return this form and payment to:
Leach Public Library
417 2nd Ave N
Wahpeton, ND 58075

Friend's Use Only

____ Cash
____ Check Check Number: _____

Total amount: _____