



Dear Friend,

We would like to encourage you to join us as we prepare for our new library. If you have never been a member, the cost is only a \$3.00 annual membership fee. If you have not renewed your membership in awhile, we would like to welcome you back! This is an exciting time for all of us and we invite you to join us from the Ground Breaking Ceremony to the Grand Opening and beyond!

We would also encourage you to give a membership certificate as an ideal gift!

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**Friends of the Tamarack District Library  
Membership Application**

*I wish to become a member of the Friends of the Tamarack District Library:*

**Date of Application:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_ **First time:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Enclosed is my membership fee: **Adult (\$3.00):** \_\_\_\_\_ **Student (\$1.00):** \_\_\_\_\_ **Gift** \_\_\_\_\_

Please make check payable to: Tamarack District Library Friends

*Mail to: Friends of the Library  
Tamarack District Library  
PO Box 469  
Lakeview MI 48850*

**Phone: 989-352-6274**

**Email: [lvw@llcoop.org](mailto:lvw@llcoop.org)**

**Web page: [lakeview.llcoop.org](http://lakeview.llcoop.org)**

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**Friends of the Tamarack District Library  
Gift Application**

*I want to give a membership gift to the following:*

**Date of Application:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_ **First time:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Enclosed is my membership fee: **Adult (\$3.00):** \_\_\_\_\_ **Student (\$1.00):** \_\_\_\_\_ **Gift** \_\_\_\_\_

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