

Friends of Toronto Public Library, South Chapter

Membership Application Form

- I/we want to join and be active in the Friends. Please contact me with more information.
- I/we cannot take an active role right now but please contact me in _____
- \$15 Individual \$25 Family membership \$100 Great Friend
- \$ _____ \$50 Good Friend \$250 Best Friend

(An Income Tax receipt is issued for amounts of \$15 and over.)

Date _____

Mr./Miss/Ms./Mrs. _____ (Please print full name)

Address _____ Apt. _____

City _____ Postal Code _____

Telephone (____) _____ I prefer day evening

E-mail _____

Family membership only:

Name(s) of additional member(s) _____

Method of payment:

- Cheque - Payable to: ***Friends of Toronto Public Library, South Chapter***
- Cash
- Visa Card Number _____ Expiry Date ____ / ____ (MM/YY)

Name on card _____ Signature _____

Please send this form with your payment to: Friends of Toronto Public Library,
South Chapter
789 Yonge Street
Toronto, ON M4W 2G8

Charitable Registration Number: 001453100 RR0001

Questions? Please call (416) 393-7123

Rev. 09/03