

**APPLICATION FOR MEMBERSHIP  
FRIENDS OF THE EAST CLEVELAND PUBLIC LIBRARY**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

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	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
<input type="checkbox"/> Senior	\$ 5.00	<input type="checkbox"/> Student	\$ 5.00
<input type="checkbox"/> Individual	\$10.00	<input type="checkbox"/> Family	\$ 15.00
<input type="checkbox"/> Patron	\$25.00	<input type="checkbox"/> Business	\$50.00

**Make check payable to:**  
**Mail to:**

Friends of East Cleveland Public Library  
East Cleveland Public Library  
14101 Euclid Avenue  
East Cleveland, Ohio 44112