

# **Friends of the Mt. Lebanon Public Library**

## **Membership Application**

**(please print this form)**

Yes! I want to become a Friend.

Enclosed is my check for:

\$50    \$25    \$15 (minimum)    Other.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate how you would like to receive the Friends Newsletter:

In the mail only

By e-mail only

Both in the mail and by e-mail

***Please make checks payable to: Friends of the Mt. Lebanon Public Library***

Return by mail or in person to:

**Mt. Lebanon Public Library  
16 Castle Shannon Blvd.  
Pittsburgh, PA 15228-2252**