



Ohio Library Council
FRIENDS OF THE LIBRARY MEMBERSHIP

Friends Group Name: _____

Contact Name: _____

Address: _____

City, State ZIP: _____

Telephone: _____ E-Mail: _____

Supported Library Information

Library or Branch Name: _____

Address: _____

City, State ZIP: _____

Telephone: _____

Numbers of members of Friends group as of December 31st of last year: _____

Membership Fee: \$25 (per year)

Payment options

___ Check [Payable to: Ohio Library Council]

___ Credit Card: ___ Visa ___ MasterCard ___ American Express

Name on Card: _____

Card Number: _____

Exp. Date: _____ Sec. Code: _____

Signature: _____

Mail to: Ohio Library Council
1105 Schrock Rd., Ste. 440
Columbus, OH 43229-1167

Questions?
Call: (614) 410-8092
Fax: (614) 410-8098