



Eules Library Foundation Membership Application

Date: _____

Name: _____

Company Name: _____
(for Business/Corporate Members)

Address: _____

Phone: _____ Fax: _____

Email: _____

Please make checks payable to "Eules Library Foundation."

Membership Fees: _____ Donation: _____

_____ Individual Annual \$ 15.00
_____ Family Annual \$ 20.00
_____ Individual/Family Lifetime \$250.00
_____ Business/Corporate Annual \$ 50.00

TOTAL ENCLOSED _____

For Foundation Use Only

Accounting Data:

Date entered	ELF Member	Check #	Amount

Contact Information:

Date	ELF Member	Description	Status