

Friends of the Hudson Area Joint Library Membership Form

Please print this form, fill it out and mail it with your check payable to:

Friends of the Hudson Area Joint Library
911 Fourth Street
Hudson, WI 54016

Name: _____

Address: _____

City: _____

Telephone: _____

Lend your support by choosing from the membership categories offered below. The library needs your support!

- | | |
|--|--------|
| <input type="checkbox"/> Annual Membership | \$8 |
| <input type="checkbox"/> Sustaining Sponsor | \$15 |
| <input type="checkbox"/> Patron Sponsor | \$50+ |
| <input type="checkbox"/> Corporate Sponsor | \$100+ |
| <input type="checkbox"/> Student and Senior Membership | \$5 |