



Friends of the Maple Lake Library
28 Birch Avenue South
P.O. Box 682
Maple Lake, MN 55358
(320) 963-2009

Membership Application Form

Date _____

Membership in the Friends of the Maple Lake Library is open to all who wish to support the library. There is no fee to join. Please complete the information below for our records.

Name: _____

Address: _____
Street

_____ City State Zip

Primary Phone: (_____) _____ Home Cell Work

Alternative Phone: (_____) _____ Home Cell Work

E-mail Address: _____

We will send notices of meetings and other important library events by email. If you do not wish to receive these notices, please check here .

Would you like to be contacted regarding volunteering at the library? Yes No

Would you like to be contacted regarding joining a committee? Yes No

Please return the completed form by email to: MapleLakeLibrary@gmail.com

US Mail: PO Box 682, Maple Lake, MN 55358

or drop it off at the library during library hours

(Mon., Fri., 12-6; Wed. 3 - 6; Sat. 10-1)

THANK YOU FOR SUPPORTING THE MAPLE LAKE LIBRARY