

**MINNESOTA ASSOCIATION OF LIBRARY FRIENDS (MALF)
- MEMBERSHIP APPLICATION -**

Organization or individual _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Type of membership

___ Individual \$10

___ Friends Group \$25

___ Institutions (commercial, libraries) \$25

___ Patron \$50

___ Sponsor \$100

___ Sustaining or corporate \$500+

___ I would like to contribute \$_____ to support
MALF projects.

Please make checks payable to: *MALF membership*

Mail to: MALF
1619 Dayton Ave., Suite 314
St. Paul, MN 55104

Your membership in this non-profit organization is tax-deductible.