

**TRAILS REGIONAL LIBRARY FOUNDATION
MEMBERSHIP APPLICATION**

Date: _____

Name _____

Address _____

City _____

State _____ **Zip** _____

Phone _____

Email _____

Branch Affiliation

- ___ Concordia
- ___ Corder
- ___ Knob Noster
- ___ Holden
- ___ Lexington
- ___ Odessa
- ___ Warrensburg
- ___ Waverly
- ___ Undesignated

Level of Membership

- ___ \$5 Library Friend
- ___ \$25 Library Family
- ___ \$100 Business Friend
- ___ \$500 Library Ambassador

All dues and contributions are tax deductible.



OFFICE USE ONLY

New Application

Renewal

Date Received: _____

Check # _____ Cash

Amount Received: _____

Please return completed application and cash, check, or money order to your local branch or mail to:

Trails Regional Library Foundation

Attn: Director

432 N Holden St

Warrensburg, MO 64093