



Eules Library Foundation Membership Application

Date: _____

Name: _____

Company Name (for Corporate Members): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please make checks payable to "Eules Library Foundation."

Membership Fees:

Individual Annual	\$15.00
Family Annual	\$20.00
Corporate Annual	\$40.00

For Foundation Use Only

Accounting Data:

Date entered	ELF Member	Check #	Amount

Contact Information:

Date	ELF Member	Description	Status
		Membership Package Sent	
		Personal Contact Required	
		Personal Contact Made	