Application for Membership



\$10.00

Amount Paid

Type of Membership

O Individual

O Family O Donation	\$15.00			
		O Cash	O Check	
Name				
Address				
Addt'l Name - FAMILY	MEMBERSHIP O	NLY - Please list a	dd tional names	
Addt'l Name				
City / State / Zip				
Preferred Phone: O Har	me O Work	O Cei O Yourn	sy text me rifo.	
Email				
Date				

Please make checks payable to:

The Friends of Robert Trail Library

The information you provide will not be sold or shared with any other group or individual outside of The Friends of Robert Trail Library.

Dakota County Robert Trail Library 14395 South Robert Trail · Rosemount, Minnesota 55068

www.friendsofrt.org

