



Yes! I want to join Friends of the Sultan Library

Membership Application

Name: _____

Address: _____

City _____ State _____ Zip _____

EMAIL address: _____

PHONE #'s: Home _____ Cell/Day: _____

Date Completed and Mailed: _____

Note: Please enclosure your check or money order for the \$5.00** annual membership fee (or a donation of any additional amount). The payee should be: Friends of the Sultan Library."

Please mail the check and application to the following address:

Friends of the Sultan Library
C/o The Sultan Library
P. O. Box 580
Sultan, WA 98294

****Note:** *Membership dues and contributions are tax deductible.*