



Friends of the Dover Public Library

Membership Application Form

Please Complete & Return with Membership Dues to:
Friends of the Dover Public Library,
525 N. Walnut St. Dover, OH 44622

Name: _____

Phone #: _____

Address: _____

City: _____ State: _____

Zip: _____ Email: _____

Membership Level: _____

Membership Levels:

Bookworm (ages 12-18): \$5
Author (Adult Individual): \$10
Book Lovers (Family): \$25
Classics (Businesses or Organizations): \$50

