



Friends of the Springdale Public Library

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

I am interested in volunteer opportunities.

Annual Membership

- \$5 Individual
- \$10 Family
- \$2 Seniors & Youth
(under 16 or over 61)
- \$25 Organizations
- \$75 Individual Lifetime
- \$_____ Donations

405 S. Pleasant Springdale, AR 72764

Please make checks payable to:
Friends of the Springdale Public Library