



**Friends of the
Ida Branch Library**

MONROE COUNTY LIBRARY SYSTEM



MEMBERSHIP REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Meeting reminders are sent quarterly; please indicate your mailing preference.

- U. S. mail
- Email
- Or read public posting in the library