

***I/We wish to join or renew  
membership in the Friends of the  
Albion College Library.***

Checks should be made payable to: Albion College.  
(Please print information below)

***Name(s)***

***Address***

***City***

***State, Zip***

***Telephone***

***Email Address***

***Annual Membership Fees***

Individual \_\_\_\_\_ \$50  
Family \_\_\_\_\_ \$75

Your *Friends of the Albion College Library* membership fee and/or donation in any amount supports the valuable work of the Library--the heart of intellectual life at Albion College.

***Thank you for your support!***



**Albion College**

Library