

# Friends of the Community Library



Name:

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Address:

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Phone(s):

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E-Mail:

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Please return form and membership dues:

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|  |  |  |
|--|--|--|

\$5      \$10      Other

Membership Is January 1 to December 31

**Checks payable to:**

*Friends of the Ontario Community Library*

**Mail to:**

*Ontario Community Library  
388 SW 2<sup>nd</sup> Ave. Ontario Oregon 97914*

Share with a Friend

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