

# Friends of the NIU Libraries

Apply for Membership

Please fill it out the form and mail it to the following address:

**Friends of NIU Libraries  
University Libraries  
Northern Illinois University  
DeKalb, IL 60115**

Form of Address:  Dr.  Miss  Mr.  Mrs.  Ms.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Affiliation:  Alumni  
 Community Member  
 Faculty/Staff  
 Student  
 Other:

Membership:  Student (\$10, requires copy of ID)  
 Individual (\$35)  
 Family (\$50)  
 Donor (\$100)  
 Corporate (\$500)  
 Benefactor (\$500)  
 Life (\$1000)

(Please make checks payable to Friends of NIU Libraries)

OR

Charge to Visa / MC / Discover

Credit Card Number:

Expiration Date:

Signature:

**Thank You!**