



MEMBERSHIP FORM

NAME

First _____ Last _____

EMAIL (FOR OCCASIONAL LIBRARY NEWS):

ADDRESS

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone () _____

MEMBERSHIP

I want to be a member! A donation amount of \$15 or more will entitle you to an annual membership to the Friends of the Library

Amount Enclosed: \$ _____

Check # _____

VOLUNTEER

I would like to volunteer with the Friends of the Library.

PLEASE CONTACT ME FOR:

- Special Events & Fundraising
- Book Sale
- Tailgate Market Greeter
- Advocacy
- Special Projects
- Holiday Parade

Do you have any questions/comments for us?