

NOTE: You can bring this to the meeting filled out or if you don't have time, you may drop your application by the circulation desk at the library and we'll be in touch. E-mail is our primary means of communication.

FRIENDS OF THE LIBRARY MEMBERSHIP APPLICATION

Name(s): _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Come to a meeting to return the application or give it to anyone at the help desk in the library. They will pass it on to us. We look forward to seeing you. THANK YOU.

Circle the membership amount which applies to you.

\$2 Jr.Sr. (<19/>54)

\$5 Individual

\$10 Family

Attach the money or check to your application.

Choose one or more activities that you would like to participate in. At the meetings we pass around sign-up sheets for you to choose activities other than the ones here.

_____ Book Sorter/Book Shelver

_____ Book Sale Worker on Sale Days

_____ Assist at Library Programs (i.e. serve refreshments, presentations, prepare for programs, clean-up, assist at blood drives, open house for gift shop etc.)

_____ Children's Programs (Summer reading programs, Christmas, etc.) Lists will be provided at the meetings when the library needs assistance from the "Friends."