

Friends of the Library Membership Application

To join the FOL or renew your membership for 2009, please fill out the form below and return it to the address below.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell# _____

E-mail _____

Please choose your level of membership below.

<input type="checkbox"/>	Individual	\$5.00
<input type="checkbox"/>	Family	\$10.00
<input type="checkbox"/>	Book Lover	\$25.00
<input type="checkbox"/>	Contributing	\$50.00
<input type="checkbox"/>	Benefactor	\$100.00
<input type="checkbox"/>	Business	\$100.00

I am interested in volunteering for future FOL activities. Please call me.

Please print out this form, fill it out, and then mail it, along with your payment to:

FOL Membership
Goodnight Memorial Library
203 S. Main St.
Franklin, KY 42134

Membership expires on December 31, 2009