

FRIENDS OF THE STATESBORO-BULLOCH COUNTY LIBRARY 2017-2018 MEMBERSHIP FORM

Please select your membership type:

Annual Individual - \$15 Annual Family - \$25 Annual Sustaining - \$50
 Annual Patron - \$100 Total Life Membership - \$1,000

If you would like to make an *additional donation* to your membership, please indicate the amount: \$ _____

My check in the amount of \$ _____ is enclosed for annual membership in the Friends of the Statesboro – Bulloch County Library for the 2017-2018 membership year, which runs from July 1, 2017 to June 30, 2018.

Name(s) _____
{Please include Mr. /Mrs. /Ms. /Dr. etc.}

Mailing Address _____

City, State, Zip Code _____

Telephone Number _____ Cell Number _____

E-Mail Address _____
{Your e-mail address allows us to share events and news with you. Your email will not be shared or sold.}

Please check the area(s) of special interest in which you would be willing to serve:

Adult Programs Clerical Duties Friends' Book Sale(s)
 Genealogy Receptions Children's Programs
 Monetary Support Only Other _____

Please return this form with your check to:

Friends of the Statesboro-Bulloch County Library
Post Office Box 1265
Statesboro, Georgia 30459-1265

Checks should be made payable to: Friends of the Library or FOL