



TWIN LAKES LIBRARY SYSTEM FRIENDS OF THE LIBRARY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Primary Applicant's Name:

Organization Name (for Non-Profit or Corporate membership):

Current address:

City:

State:

ZIP Code:

Phone:

Email:

MEMBERSHIP LEVEL (SELECT ONE)

Junior Membership: \$5

Individual Membership: \$20

Family Membership: \$35 (up to 4 total members)

Patron Membership: \$75

Sustaining Membership: \$200 (5 YEAR INDIVIDUAL MEMBERSHIP)

Non-Profit Membership: \$25 Tax ID: _____

Corporate Membership: \$75

PAYMENT METHOD

Check: _____

Cash: _____

FAMILY MEMBERS (IF FAMILY MEMBERSHIP IS SELECTED)

Name:

Email:

Relationship:

Name:

Email:

Relationship:

Name:

Email:

Relationship:

I WOULD BE INTERESTED IN THE FOLLOWING (SELECT ALL THAT APPLY):

Library Fair

Membership Drive

Newsletter/Publicity

Book Sales

I would like to be a Friends Officer

SIGNATURES

As the Primary Applicant of this membership, I attest that the information that I have provided is true. I also acknowledge that I will receive my membership card(s) and additional information regarding my membership within two weeks from today's date. I also understand that my membership is valid for one year from the date I sign this application.

Signature of Primary Applicant:

Date:

FOR OFFICE USE ONLY

Date application processed:

Date membership: