



MEMBERSHIP FORM

New
 Renewal

Name _____

Address _____

City, State and Zip Code _____

Phone _____

E-mail address _____

(For newsletters, updates, announcements, etc.)

\$10 Student/Library employee (one membership card)

\$25 Individual/Friend (one membership card)

\$50 Couple/Patron (two membership cards)

\$100 Family/Benefactor (four membership cards)

\$300 Life member (two membership cards per year for life)

My employer participates in a Matching Gifts Program. My form is enclosed.

Contact me about volunteering at the Book Sale

Contact me about volunteering in the workroom at Riverstreet Corners - 2720

Riverside Drive

Contact me about volunteering with other projects

Make check payable to Friends of the Library, Inc. and mail to:
P. O. Box 18175
Macon, GA 31209