

NEW [_]

RENEW [_]

**“BE A FRIEND”
FRIENDS OF THE CHESAPEAKE PUBLIC LIBRARY
MEMBERSHIP APPLICATION**

(Please print clearly)

Name: _____

Street Address: _____

City/State/ZIP: _____ Phone: _____

Library Branch Used: _____ Date: _____

Type of Membership:

Individual: 1-year: \$5.00 ___ 5-year: \$15.00 ___ 10-year: \$25.00 ___ Life: \$100.00 ___

Family: 1-year: \$10.00 ___ 5-year: \$30.00 ___ 10-year: \$50.00 ___ Life: \$200.00 ___

Business / Organization (Name): _____ 1-year: \$25.00 ___

YES, I (we) want to volunteer to help on a committee:

___ Membership ___ Public Relations (newsletters, press releases, etc)

___ Book Sales [Assist with: ___ Advance Sorting, ___ Set-Up, ___ Cashier, ___ Tear-down, ___ Transport to Storage]

___ Fund Raising ___ Special Events/Author Functions

Make checks payable to F.O.L. and mail with this form to: Friends of the Chesapeake Public Library,
P.O. Box 2662, Chesapeake VA 23327-2662, or drop-off at any Chesapeake Public Library Branch.

[Rev 8/2003...all earlier editions are obsolete.]

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