FRIENDS OF THE LIBRARY MEMBERSHIP FORM

Complete this form to join or renew your existing membership. Or, visit our secure online form at hmcpl.org/fol

Circle one: Mr. Mrs. Ms. Other_____ ***Please Print Legibly***

Name: _____ Date: _____
First Last

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Annual Dues **per branch**: ◯ **New Member** ◯ **Renewal**

◯ $15 Student/Senior Citizen (age 62+)

◯ $25 Individual

◯ $30 Family: _____
(2 or more people) Names of family members in your household

◯ $50 Good Friend: _____
Names of family members in your household

◯ $100 Best Friend: : _____
Names of family members in your household

◯ Additional Donation: $_____

Please check the branch(es) you wish to join:

◯ Bailey Cove	◯ Bessie K. Russell	◯ Cavalry Hills
◯ Downtown Huntsville	◯ Eleanor E. Murphy	◯ Elizabeth Carpenter of New Hope
◯ Gurley	◯ Madison	◯ Monrovia
◯ Showers Center	◯ Tillman Hill of Hazel Green	◯ Triana

Dues are required for <u>each branch you join</u>. Please make check payable to Friends of the Library.

Preferred form of Communication: **Mail** _____ **Email** _____

<u>FOR OFFICE USE ONLY</u>

Payment method: ◯ Credit Card ◯ Cash

$ _____ ◯ Check: Check Number _____ Check Date _____