



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: \$ _____

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

Cavalry Hill Hazel Green New Hope Triana

Downtown Huntsville Madison North Huntsville

Gurley Monrovia South Huntsville

Preferred form of Communication: Mail _____ Email _____

FOR STAFF USE ONLY

Payment method: Credit Card Cash

\$ _____ Check: Check Number _____ Check Date _____

KOHA updated