

## **FRIENDS OF THE LIBRARY MEMBERSHIP FORM**

*Join the Friends and participate system-wide or at your local branch.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Branch/Chapter: \_\_\_\_\_

### **System-wide Membership Dues\* (check one):**

- \$15 Individual Membership
- \$30 Family Membership
- \$250 Corporate membership
- \$250 Life Membership

### **Additional Gifts\*\* (optional):**

- \$\_\_\_\_\_ Gift to system-wide Friends
- \$\_\_\_\_\_ Gift to my branch
- \$\_\_\_\_\_ Gift to my chapter
- \$\_\_\_\_\_ Gift to Sara Bein Scholarship

Total \$\_\_\_\_\_

- I am a new member
- I am renewing my membership
- Please contact me regarding volunteer opportunities
- I am interested in chapter or system-wide Friends' activities

*\*Membership is for one year.*

*\*\*Gifts to the Library are deductible to the extent allowed by law.*

Mail completed form with payment to:  
The Friends of the Library  
301 York Street  
Louisville, KY 40202