

Friends of the Chesapeake Public Library
Post Office Box 16006
Chesapeake, VA 23328-6006

NEW [_] "BE A FRIEND" RENEW [_]

[DATE]

MEMBERSHIP APPLICATION

(Please Print Clearly)

Name: _____

Street Address: _____

City/State/ZIP: _____

Phone (Home/Cell): _____

E-mail: _____

Type of Membership

[Cash or Check Only]

Individual: 1-year: \$10.00 ____ Family: 1-year: \$15.00 ____

Individual: 5-year: \$40.00 ____ Family: 5-year: \$60.00 ____

Business / Organization (Name): _____

Business Rate: 1-year: \$50.00 ____ 5-year: \$200.00 ____

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

__ Membership

__ Public Relations (newsletters/press releases)

__ Book Sales...Third Saturday of Every Month

__ Special Events/Visiting Authors

__ Other Fund Raising Projects

Show your support for our outstanding library system

Be Recognized as a FRIEND!

We are members of Friends of Libraries USA

Make checks payable to F.O.L. and mail with form to the address above,
or drop-off at any Chesapeake Public Library Branch.

[Rev: April 30, 2013...ALL Prior Versions Obsolete]

