



## Membership Form

New     Renewal    Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Permission to communicate through text messages     Yes     No

Email address \_\_\_\_\_

Permission to email newsletters, updates, announcements     Yes     No

\$10 Student or Library employee

\$25 Individual/Friend

\$50 Couple/Patron

\$100 Family/Benefactor (four members)

\$300 Life Member (two members per year for life)

My employer participates in a Matching Gifts Program. My form is enclosed.

**Taxpayer Identification Number: 58-6067231**

Contact me about volunteering at the Annual Book Sale

Contact me about volunteering at the Bookstore and Workroom, 5494 Forsyth Road

Contact me about volunteering with other projects

**Please make your check payable to Friends of the Library, Inc.**

**Mail to:**

**P. O. Box 27944**

**Macon, GA 31221**

*Save a stamp. Become a Member at the Bookstore & Workroom, 5494 Forsyth Road, or join at the Book Sale. Questions about Membership? Contact us at 478-745-2422 or [folmacon2017@gmail.com](mailto:folmacon2017@gmail.com)*

**Credit and debit cards accepted at the Bookstore and at the Book Sale.**