



**New Membership**  
 **Renewal**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**(Needed because we will be emailing newsletters, updates, announcements, etc.)**

**\$10 Student/Library employee (one membership card)**

**\$25 Individual/Friend (one membership card)**

**\$50 Couple/Patron (two membership cards)**

**\$100 Family/Benefactor (four membership cards)**

**\$300 Life member (two membership cards per year for life)**

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

**Contact me about volunteering at the Book Sale**

**Contact me about volunteering in the workroom at 2720 Riverside Drive**

**Contact me about volunteering with other projects**

**Make check payable to Friends of the Library, Inc.**

**Mailing address:**

**P. O. Box 18175  
Macon, GA 31209**