MARIPOSA COUNTY FRIENDS OF THE LIBRARY MEMBERSHIP

Today's date:_____

Name: _____ Phone:_____

(Please Print)

Mailing Address: _____City: _____Zip:_____

Preferred Contact Method:

( ) Phone ( ) Email ( ) Mail

Would you like to receive updates about events and opportunities?

( ) Yes ( ) No **Email:**

_____

( ) **New Member** ( ) **Updating Membership**

Membership Categories (Membership year is from January 1, to December 31 annually)

__Individual $10.00 ___Family $25.00 __Business $50.00 __Life: $100 __Other Other Contributions: (Include address for acknowledgement)

Memorial for (Name) _____Gift in Honor of (Name)_____

Payment Options

( ) **Check** *(Payable to Friends of the Library)*

( ) **Online Payment via PayPal** *(Scan QR Code to pay online)*

Mail checks to: **Friends of the Library, P.O. Box 1902, Mariposa, CA 95338**

A canceled check serves as proof of membership/donation. Dues and Donations are Tax Deductible.

I Would like To Volunteer as Needed, to:

____ Work at May Book Sale ____ Assist with Annual Membership Drive

____ Work at October Book Sale ____ Sort Books for the Book Sales as Needed *

____ Serve on a committee: Membership, Book, Finance, Community Outreach, Strategic Plan

____ Work at the Books Galore store Mon or Fri (circle)

____ Other, list_____

* must be able to lift 25 lbs

Comments: