



## *Friends of the Clearwater Library*

### MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### ANNUAL MEMBERSHIP DUES

- ☐ Individual *Friend* \$15      ☐ Family *Friend* \$25  
☐ Special *Friend* \$50      ☐ Best *Friend* \$75  
☐ Life *Friend* \$250

#### DONATIONS for:

- ☐ Special Programs \$ \_\_\_\_\_  
☐ Scholarship \$ \_\_\_\_\_  
☐ Gift Membership for a *Friend* \$ \_\_\_\_\_

#### I WOULD LIKE TO VOLUNTEER FOR:

- ☐ Membership    ☐ Book Sales    ☐ Hospitality    ☐ Newsletter    ☐ Other

Please make check payable to the Friends of the Clearwater Library and mail to:

*Friends of the Clearwater Library*

100 N. Osceola Ave.  
Clearwater, FL 33755

Love your Library. Be a *Friend*!