**FOL**

**CANAL FULTON PUBLIC LIBRARY**

2024 MEMBERSHIP FORM

Date ______________________

Name ____________________________________________________________

Address __________________________________________________________________________________________

City __________________________ State ____________ Zip _____________

Email __________________________ Phone _____________________________

New Member___ Renewing Member___

___ Seniors (60+) $10
___ Staff $10
___ Student $10
___ Individual $15
___ Family $25
___ Organization $50
___ Business $100
___ Life $1,000

**OPPORTUNITIES FOR INVOLVEMENT**

___ Officer ___ Committee Chairperson
___ Book Sale ___ Clinton Apple Festival
___ Canal Days ___ Holiday Basket Raffle
___ Fundraising ___ Little Library
___ Wherever I am needed

Please make checks payable and return to:

**FRIENDS of Canal Fulton Public Library**
154 Market St. NE
Canal Fulton, OH 44614

Meetings are 5:45 pm in the program room of the Canal Fulton Public Library, on the second Monday of the month in January and February and on the third Monday of the month March through December.

Personal information provided to become a Friend of Canal Fulton Public Library is stored on a membership database and only used by the Friends and Library staff for mailings and personal contact.

**YOUR SUPPORT IS GREATLY APPRECIATED!**

Office Use Only: Paid ___; Receipt ___; Roster ___; Email ___; Card ___