

FOL



★ **PUBLIC LIBRARY** ★

2024 MEMBERSHIP FORM

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

New Member ___ Renewing Member ___

OPPORTUNITIES FOR INVOLVEMENT

___ Seniors (60+) \$10

___ Officer

___ Committee Chairperson

___ Staff \$10

___ Book Sale

___ Clinton Apple Festival

___ Student \$10

___ Canal Days

___ Holiday Basket Raffle

___ Individual \$15

___ Fundraising

___ Little Library

___ Family \$25

___ Wherever I am needed

___ Organization \$50

___ Business \$100

___ Life \$1,000

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 _____