

# Friends of the Library Membership Form

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ home / other

(\_\_\_\_\_) \_\_\_\_\_ cell

Email \_\_\_\_\_

\*\*\*\*\*

## Annual Membership Dues:

Child/Student	\$5.00	Contributor	\$100.00
Adult	\$15.00	Sponsor	\$250.00
Senior/Military	\$10.00	Benefactor	\$500.00
Family	\$25.00		

---

Make your ***tax deductible check*** payable to **Friends of MCCLS**  
and mail completed form to:

**P.O. Box 2828**

**Moultrie, GA 31776**

OR bring the form and your check to one of the libraries.