



Membership Application for the
Friends of the Dolan Springs Library
2010



NAME: _____ E-MAIL: _____

MAILING ADDRESS: _____ PHONE: _____

MEMBERSHIP: NEW _____ or RENEWAL _____ BIRTHDATE MONTH _____ DAY _____

TYPE OF YEARLY MEMBERSHIPS:

INDIVIDUAL (\$3) _____ FAMILY (\$5) _____ SUPPORTING (\$10) _____ BUSINESS (\$15) _____

SILVER (\$50) _____ GOLD (\$75) _____ ADDITIONAL DONATION \$ _____

PLEASE CHECK THE AREAS IN WHICH YOU ARE INTERESTED IN PARTICIPATING:

USED BOOK SALE BAKE SALE READING PROGRAM

SPECIAL PROJECTS VOLUNTEER AT LIBRARY I AM UNABLE TO VOLUNTEER AT THIS TIME

RETURN APPLICATION WITH APPROPRIATE \$ TO THE DOLAN SPRINGS LIBRARY OR MAIL TO:

FRIENDS OF THE DOLAN SPRINGS LIBRARY

PO BOX 427

DOLAN SPRINGS, AZ 86441