



Friends of the Longmont Library MEMBERSHIP APPLICATION

New Renewal Today's Date _____

Name _____

Address _____

City _____ Zip _____

Phone _____

Email _____

YES! I'm interested in volunteering. Please contact me.

Annual Membership Fee **\$ 10.00**

Additional Donation \$ _____

TOTAL \$ _____

Make checks payable to Friends of the Longmont Library. Drop this form with cash or check at the Library's Circulation Desk OR mail to Friends of the Longmont Library 409 4th Ave Longmont CO 80501.

THANK YOU FOR YOUR SUPPORT!

FOR OFFICE USE ONLY

Cash

Check #

Date: