



Friends of the Longmont Library MEMBERSHIP APPLICATION

New Renewal Today's Date _____

Name(s) _____

Address _____

City _____ Zip _____

Phone _____

Email _____

YES! I'm interested in volunteering too!

Individual Annual Membership \$ **15.00**

Couples Annual Membership \$ **30.00**

Additional Donation \$ _____

TOTAL \$ _____

YOUR MEMBER EXPIRATION DATE WILL BE 12/31/2020

SEVERAL WAYS TO JOIN. Please choose one:

- Drop this form with cash/check at the Library
- Mail form & fee to: Friends of the Longmont Library
409 4th Ave Longmont 80501
- Join online: FriendsoftheLongmontLibrary.org.

THANK YOU FOR YOUR SUPPORT!

FOR OFFICE USE ONLY

Date

Cash

Check #