

Friends of the Library
Public Library of Enid and Garfield County
Membership Form

Name: _____

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Best Contact Phone: _____ Email: _____

Circle One:

\$10.00 Individual Membership

\$200 Business Membership

Additional donation to the Friends of the Library (write in amount) \$ _____

Total: \$ _____

Please make check payable to the *Friends of the Library of Enid*

Mail to: Friends of the Library
120 W Maine St
Enid, OK 73701

I am interested in: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Assisting with library programming (children) | <input type="checkbox"/> Working in the gardens |
| <input type="checkbox"/> Assisting with library programming (youth) | <input type="checkbox"/> Greeting library special guests/lecturers |
| <input type="checkbox"/> Assisting with library programming (adults) | <input type="checkbox"/> Sorting donated books |
| <input type="checkbox"/> Providing refreshments for library programs | <input type="checkbox"/> Stocking/maintaining Book Sale shelves |
| <input type="checkbox"/> Assisting with fundraising | <input type="checkbox"/> Membership drives |
| | <input type="checkbox"/> Preparing mailings |
| | <input type="checkbox"/> Publicity |

For office use only:

App Receive Date: _____

M'ship Renewal Date: _____

M'ship Type: _____

M'ship Entered to Spreadsheet: _____

Fee Paid: _____

Add to Group Email: _____