



Friends of the Grayson County Public Library

Membership Application

Thank you for becoming a Friend. Please fill out this form and return it to the library or mail it to the address below. Please make checks payable to:

Friends of the Grayson County Public Library
Attention: Membership
PO Box 159
Independence, VA 24348

Contact Information

Name _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Membership Level (check one)

- Student Friend (\$2.00)
- Individual Friend (\$10.00)
- Family Friend (\$20.00)
- Professional/Organizational Friend (\$25.00)
- Lifetime Friend (\$100.00)

I want to volunteer to help on a committee:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Executive | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership | <input type="checkbox"/> Book Sale |
| <input type="checkbox"/> Program | | |

