

Friends of the Library Membership Form Carencro Branch Library

Please PRINT legibly.

Today's Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work)

E-mail Address: _____



I wish to join the Friends of the Library: Carencro Branch

New Member _____ Renewal _____

Membership Status (Please check one.)

- | | |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual (\$ 5.00) | <input type="checkbox"/> Patron (\$ 50.00) |
| <input type="checkbox"/> Family (\$10.00) | <input type="checkbox"/> Business (\$ 50.00) |
| <input type="checkbox"/> Supporting (\$15.00) | <input type="checkbox"/> Life (\$100.00) |

After completing this form, enclose it along with your check made out to the **Friends of the Lafayette Public Library** and mail it to P.O. Box 3427, Lafayette, LA 70502.



AUTHOR DINNER:

- I would like to receive notification of the Friends Author Dinner

VOLUNTEER:

- I would like to volunteer to help the Friends. Please contact me.

Please renew your Friends membership every December 31st.