

FRIENDS OF THE STATESBORO-BULLOCH COUNTY LIBRARY 2021 MEMBERSHIP FORM

Please select your membership type:

_____ Annual Individual - \$15 _____ Annual Family - \$25 _____ Annual Sustaining - \$50
_____ Annual Patron - \$100 _____ Total Life Membership - \$1,000

If you would like to make an additional donation to your membership, please indicate the amount: \$_____

My check in the amount of \$_____ is enclosed for annual membership in the Friends of the Statesboro-Bulloch County Library for the 2021 membership year, which runs from January 1, 2021 to December 31, 2021.

Name(s) _____
{Please include Mr. /Mrs. /Ms. /Dr. etc.}

Mailing Address _____

City, State, Zip Code _____

Telephone Number _____ Cell Number _____

E-Mail Address _____
{Your e-mail address allows us to share events and news with you. Your email will not be shared or sold.}

Please check the area(s) of special interest in which you would be willing to serve:

_____ Adult Programs _____ Clerical Duties _____ Friends' Book Sale(s)
_____ Genealogy _____ Receptions _____ Children's Programs
_____ Monetary Support Only _____ Other _____

Please return this form with your check to:

Friends of the Statesboro-Bulloch County Library
Post Office Box 1265
Statesboro, Georgia 30459-1265

Checks should be made payable to: Friends of the Library or FOL