

Friends of the Library Membership Form

If you would like to join the Friends, complete and mail this form with appropriate check made payable to:

Friends of the Library
316 North Piedmont Ave
Rockmart, GA 30153

I WANT TO BE A FRIEND! ENCLOSED ARE MY ANNUAL DUES.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

_____ Individual Patron	\$10.00
_____ Family Patron	\$25.00
_____ Organization Sponsor Patron	\$25.00
_____ Individual/Family Sponsor Patron	\$25.00
_____ Donor Patron	\$50.00
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