

FRIENDS OF THE GASTON COUNTY PUBLIC LIBRARY

Membership Application

MEMBERSHIP DESIRED: (PLEASE CHECK ONE)

ANNUAL MEMBERSHIP:

_____ ADULT **\$10**

_____ STUDENT (18 years & under) **\$5**

_____ FAMILY **\$15**

_____ CLUB/BUSINESS/GROUP **\$20**

LIFETIME MEMBERSHIP:

_____ INDIVIDUAL **\$100**

_____ FAMILY **\$150**

_____ CLUB/BUSINESS/GROUP **\$200**

Contributions in addition to membership dues are gladly accepted. Contributions made to the Friends of the Gaston County Public Library will be used to provide much-needed library resources.

YES, in addition to my membership dues, I would like to contribute \$_____ to the Friends of the Gaston County Public Library.

ENDOWMENT CONTRIBUTION:

YES, I would like to make a contribution to the *Friends of the Gaston County Library Fund* in the amount of \$_____. (Please make checks payable to the Gaston Community Foundation with Friends of the Gaston County Library in the memo line.)

TOTAL AMOUNT ENCLOSED: \$ _____

Please complete this form and mail with your check to the address below. Annual membership is good from **June 1 through May 31** of each fiscal year.

NAME _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

_____ *I would like to receive my FOCUS newsletter via email*

May we call you to assist as a volunteer? Please indicate below:

_____ Book sale

_____ Database input

_____ Newsletter

_____ Board member

_____ Genealogical assistance

_____ Other assistance

_____ Process new books

_____ Refreshments

FRIENDS OF THE GASTON COUNTY PUBLIC LIBRARY
1555 EAST GARRISON BOULEVARD, GASTONIA, NORTH CAROLINA 28054