

SCENIC REGIONAL LIBRARY

FRIENDS OF THE LIBRARY MEMBERSHIP APPLICATION

April 1, 2019 – March 31, 2020 Membership Year

All information submitted is considered confidential and will never be given or sold to any other individual, company, or organization.

FIRST NAME		DATE	
MIDDLE INITIAL	LAST NAME		
STREET ADDRESS			
CITY			
STATE		ZIP CODE	
PHONE NUMBER			
PHONE NUMBER			
EMAIL ADDRESS			
BRANCH AFFILIATION (Please select one) Friends of the Hermann Branch <input type="checkbox"/> Friends of the New Haven Branch <input type="checkbox"/> Friends of the Owensville Branch <input type="checkbox"/> Friends of the Pacific Branch <input type="checkbox"/> Friends of the St. Clair Branch <input type="checkbox"/> Friends of the Sullivan Branch <input type="checkbox"/> Friends of the Union Branch <input type="checkbox"/> Friends of the Warrenton Branch <input type="checkbox"/> Friends of the Wright City Branch <input type="checkbox"/>		LEVEL OF MEMBERSHIP Bronze – \$10 <input type="checkbox"/> Silver – \$25 <input type="checkbox"/> Ruby – \$50 <input type="checkbox"/> Gold – \$100 <input type="checkbox"/> Platinum – \$250 <input type="checkbox"/> Diamond* – \$500 <input type="checkbox"/> *Lifetime Membership	
WOULD YOU LIKE TO HELP? (Select all which apply)		Office Use Only	
Volunteer at the Fall Book Sale <input type="checkbox"/> Volunteer at the Spring Book Sale <input type="checkbox"/> Volunteer at other events <input type="checkbox"/> Volunteer at my local branch <input type="checkbox"/> Serve on the local Friends of the Library's <input type="checkbox"/> Governing and Planning Committee		<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Date Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash Amount Received:	

Mail this form (or drop it off at your local branch) with your personal check or money order to:
 Friends of the Library, 304 Hawthorne Dr., Union, MO 63084
Membership dues and contributions are tax deductible.