

Friends of the Carson City Library

MEMBERSHIP APPLICATION



Friends of the Carson City Library

711 E. Washington St.

Carson City, NV 89701

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friendsinfo@friendscclibrary.org



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[@friendscclib](https://twitter.com/friendscclib)

Yes, I want to be a ☐ new FRIEND or
☐ remain a FRIEND of the Carson City Library.

Enclosed is my payment (check, cash or credit card)
for my annual tax-deductible membership that
runs for 12 months from the time I join.

Individual/Family Membership:

<input type="checkbox"/> Basic	\$20
<input type="checkbox"/> Sponsor	\$50
<input type="checkbox"/> Benefactor	\$100 and above
<input type="checkbox"/> Memorial Donation	\$100 and above
in honor of _____	

Business/Corporate Membership:

<input type="checkbox"/> Contributing	\$100
<input type="checkbox"/> Supporting	\$250
<input type="checkbox"/> Sustaining	\$500 and above

Name

Business Name (if applicable)

Address

City, State, Zip

Phone

Email Address

If payment is by credit card:

Card No: _____

Card Type: _____ Exp. Date: _____ CVV: _____

Signature _____

I also want to be a FRIENDS volunteer. My interests are:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Committee Work
<input type="checkbox"/> Browsers Corner	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Book Store	<input type="checkbox"/> Other Interests
<input type="checkbox"/> Special Programs	