

FRIENDS OF THE HENDERSON COUNTY PUBLIC LIBRARY MEMBERSHIP APPLICATION

NAME:
ADDRESS:
CITY:
STATE / ZIP:
PHONE:
EMAIL:
Annual Membership Desired (Please check one):
Individual \$10Family \$15
 As a Friend, you receive these benefits: Access to the members-only Book Sale day The Link newsletter by email with useful information A vote at the Friends' annual meeting in November Knowing the whole community benefits from your contribution
Contributions in addition to membership dues are gladly accepted. Both contributions and dues are tax deductible.
Yes, in addition to membership dues, I would like to contribute \$ to the Friends of the Henderson County Public Library.
TOTAL AMOUNT ENCLOSED: \$
May we call you to assist as a volunteer? Please indicate area of interest below
Book Sales Team: Workroom (Sorting): Transporting Books: Shelving Books: Member Recruitment: Community Outreach:
Thank you for your support. Please make your check payable to "Friends of the Library" and mail to:
Friends of the Library P.O. Box 2317, Hendersonville, NC 28793