

**Friends of the Bartow County Library System
MEMBERSHIP FORM**

Name(s) _____

Address _____

City _____

State _____ Zip _____

Phone(s) _____

E-mail(s) _____

Please circle your choice of Membership level:

Individual - \$10.00 Family - \$20.00 Patron - \$25.00 Donor - \$50.00

Sponsor - \$100.00 Sustaining - \$250.00 Benefactor - \$500.00

Additional contribution/donation amount: _____

Membership year begins October 1st, ends the following September 30th.
(FOL is a 501c3 nonprofit organization. Your contribution may be tax deductible).

Circle choice of Friends Membership group: Cartersville FOL Adairsville FOL

I would be interested in serving with one or more of the following:

Board of Directors Special Events Book Sales Craft Fair

Quarterly Programs Setup/Breakdown/Cleanup Refreshments

Public Relations Membership Drive Library Volunteer

Other _____

Check should be made payable to *Friends of the Bartow County Library System*.
Completed membership form and check can be mailed or given to the Library Circulation
Desk at: *Friends of the Library, 429 W. Main Street, Cartersville, GA 30120.*