

Blount County Friends of the Library MEMBERSHIP or DONATION FORM

Preferred Title (Select One) Dr. Mr. Mrs. Ms. Mr. and Mrs.

First Name * Last Name*

If desired, enter Second Name. Title for Second Name: Dr. Mr. Mrs. Ms.

2nd First Name 2nd Last Name

Mailing Address* State*

City* Zip Code* + 4

Home Phone E-mail*

(Please make checks payable to Blount County Friends of the Library)

Membership Group Student Membership \$10.00 per year

(Select One) Individual Membership \$12.00 per year

Family Membership \$17.00 per year

Membership Type New Membership Renewing Membership

Donation (Optional) \$ Check Number

Volunteer Interests I / We are interested in volunteering as follows:

- (1) Whatever is needed (2) Used Book Sale
- (3) Tablesapes (4) Newsletter
- (5) Public Relations (6) Refreshments
- (7) Helping in the Coffee Shop

Other Interests

Enter today's date -- mm/dd/yy

Make your check payable to Blount County Friends of the Library and mail to:

Blount County Friends of the Library
508 N. Cusick Street
Maryville, TN 37804
Attn: Treasurer