

# JOIN THE FRIENDS OF THE LIBRARY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my check (payable to the Carthage Free Library) for annual, tax deductible membership in the amount:

- \_\_\_\_\_ Senior or Student
  - \$10.00 or 6 hrs VILOP\*
- \_\_\_\_\_ Individual
  - \$15.00 or 9 hrs VILOP\*
- \_\_\_\_\_ Family
  - \$25.00 or 15 hrs VILOP\*
- \_\_\_\_\_ Patron
  - \$50.00
- \_\_\_\_\_ Business Level I
  - \$100.00
- \_\_\_\_\_ Business Level II
  - \$200.00
- \_\_\_\_\_ Lifetime
  - \$500.00

*\*VILOP (Volunteer in Lieu of Payment) must log hours of volunteer service at Friend's events.*

**Please fill out and return to the Carthage Free Library**