

Membership Application
FRIENDS OF THE LELAND LIBRARY

*Membership is from January thru December. Membership received after September 1, will carry through to the following calendar year. **Please make checks payable to FRIENDS OF THE LELAND LIBRARY.** Your cancelled check is your receipt.*

Name: _____ Phone: _____

Address: _____ Cell #: _____

E-Mail: _____

Membership Categories

___ Individual \$10.00 ___ Sponsor \$50.00
___ Family \$10.00 ___ Benefactor \$100.00
___ Patron \$25.00 ___ Donation (Amount ___)

I want to be an: Active Member _____
 Inactive Member _____

I am willing to help with:
 _____ Book Sale _____ Serve as an Officer
 _____ Library Volunteer _____ Telephone
 _____ Other _____

You may fill out and leave this application at the Library desk or mail to:

Friends of the Leland Library
487 Village Road
Leland, NC 28451