

Application for Friends Membership

Name: _____

Address: _____

City: _____ Zip Code _____

Day Phone: _____ Evening Phone: _____

E-Mail Address (optional): _____

I am enclosing \$ _____. Please enroll me at the following level:

- Friend (\$10.00/year)
- Family of Friends (20.00/year)
- Patron (\$20.00/year)
- Family of Patrons (\$30.00/year)

YES! Check here if you are willing to actively participate in helping with volunteer work at the library, or assisting with Friends activities. You may check areas of interest below:

- BookFest
- Fund Raising
- Hospitality
- Planting Flower Beds
- Membership Drives
- Publicity, such as helping with the Newsletter, creating posters, etc.
- Technical (help with maintaining computers and extending computing services)
- Book Buddy (read to children or listen while they read to you)

Volunteer Commitment Level

- I prefer short-term volunteer projects
- I am willing to assist on a regular basis

Please drop this form off at the Library, or mail with payment to:

Friends of the Holdrege Area Public Library
604 East Avenue
Holdrege, NE 68949