

FRIENDS OF THE
CARSON CITY LIBRARY

MEMBERSHIP APPLICATION



Friends of Carson City Library
711 E. Washington St.
Carson City, NV 89701
775-884-4043

Website: www.friendscclibrary.org

E-mail: friendsinformation@att.net

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Yes, I want to be a new FRIEND or remain a FRIEND of the Carson City Library.

Enclosed is my payment (check, cash, or credit card) for my annual tax-deductible membership that runs for 12 months from the time I join.

Individual/Family Membership:

Basic \$ 20.00
 Sponsor \$ 50.00
 Benefactor \$100.00 and above
 Memorial Donation \$100.00 and above in honor of _____

Business/Corporate Membership:

Contributing \$100.00
 Supporting \$250.00
 Sustaining \$500.00 and above

Name

Business Name (if applicable)

Address

City, State, ZIP

Phone

Email

If payment is by credit card:

Card No: _____

Card Type: _____ Exp. Date: _____ CVV : _____

Signature: _____

I also want to be a FRIENDS Volunteer.

My interests are:

Board Member Committee Work
 Book Store Newsletter
 Special Programs Other Interests