



FRIENDS of the Keller Library

MEMBERSHIP APPLICATION & RENEWAL FORM

_____ New Member

_____ Renewal

NAME _____ DATE ____/____/____

ADDRESS _____ CITY & ZIP _____

PREFERRED PHONE # _____ EMAIL _____@_____

As a member of the Friends of the Keller Library I agree to receive occasional emails from the FOL regarding upcoming events, and/or FOL information of general interest to the members.

(Initial Below)

_____ I agree to allow my membership information to be published in the FOL Directory (for members only)

_____ Do NOT publish my contact information in the FOL Directory (for members only)

_____ I prefer to not receive information/email/phone calls from FOL, except for annual renewal notices.

Please protect the privacy of our members. All contact information provided in the Members Directory is confidential and is to be used for FOL business only.

MEMBERSHIP OPTIONS

Individual \$10 _____

Family \$15 _____

Student \$5 _____

Corporate \$100 _____

Business \$50 _____

Patron \$35 _____

Make checks payable to: Friends of the Keller Library Mail to: P.O. Box 151, Keller Texas 76244

VOLUNTEER OPPORTUNITIES

BOOKSTORE during open hours _____

BOOKSTORE after hours sorting _____

BOOKSTORE SHIFTS

WEDNESDAY 10 AM TO Noon _____

Noon TO 2 PM _____

SATURDAY 10 AM TO Noon _____

Noon TO 2 PM _____

If you are under 18, you must have a release signed by a parent/guardian.

The Friends of the Keller Library is a 501(C)3 non-profit thereby making your contributions tax deductible.

For FOL use only:

Payment received: Cash _____ Check _____ Credit Card _____