

Friends of the Library Membership Form

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

E-mail _____

(If you want to be notified about library events by e-mail)

Membership level *(check one)*

\$ 10 Individual \$ 25 Family

\$ 50 Patron \$100 Benefactor

My check is enclosed

Charge \$ _____ to Visa or MasterCard

Card # _____

Exp. Date _____

Name *(as it appears on card)*

Signature _____

Make checks payable to: **Friends of the Library**

Return membership form & dues to any York County
Library or mail to:

York County Library, P. O. Box 10032, Rock Hill, SC 29731

Volunteers Needed *(check any of interest)*

Assisting at book sales

Assisting with Friends programs

Sorting donated books & materials
(must attend a training session)

For more information, call 803-981-5837 or

visit www.yclibrary.org

*You will be mailed a membership card. Welcome to
Friends of the Library!*