



Annual Membership Application

**Please print clearly.
Your information will not be shared.**

Date: _____

Membership: ☐ New ☐ Renewal

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail: _____

Choose a membership level:

- ☐ Student (Individual).....\$10
- ☐ Friend (Individual).....\$15
- ☐ Family Friend\$25
- ☐ Good Friend\$50
- ☐ Supportive Friend\$100
- ☐ Best Friend\$500

List the names to include in this membership.
Adults must live at the same address and are limited
to 2 per \$25 membership and 4 per \$50 and up:

1. _____

2. _____

3. _____

4. _____

Please complete reverse side.

Continued from previous side.

Choose one of the two payment options:

☐ Enclosed is my check made payable to:

Friends of the York County Library

☐ Charge my credit card:

☐ Visa

☐ MasterCard

☐ Discover

Name as it appears on card (please print):

Signature: _____

Card Number:

Expiration Date: _____ CVC: _____

The Friends of the York County Library is a 501-C3 organization. Your membership is tax-deductible as allowed by law.

☐ Yes, I am interested in volunteering my time and talent. My areas of interest are:

☐ Friends Books on Main book store

☐ Sorting donated books and materials

Return completed application and payment to any York County Library branch (Clover, Fort Mill, Lake Wylie, Rock Hill, or York) or mail to:

**Friends of the
York County Library
P.O. Box 10032
Rock Hill, SC 29731**

For more information or to contact us, please visit **www.yclibrary.org** or call **803-272-8303**.