



## 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:

- ☐ 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):

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Signature: \_\_\_\_\_

Card Number:

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Expiration Date: \_\_\_\_\_

**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

☐ Library branch book sales

☐ 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](http://www.yclibrary.org)** or call **803-272-8303**.