

Friends of the Georgetown Library Membership

Yearly Membership from May 1 to April 30

Date Rec'd	
Amount	
Exp Date	

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Ask me to help with: _____

Type	1 Year	5 Years	Life
Student	\$5	\$20	N/A
Individual	\$10	\$40	\$100
Family	\$15	\$50	\$150
Benefactor	\$25	\$75	\$200

Fill out, print and send this form
with dues payable to:
**Friends of the
Georgetown Public Library**
123 West Pine Street
Georgetown, DE 19947

Friends of the Georgetown Library Membership

Yearly Membership from May 1 to April 30

Date Rec'd	
Amount	
Exp Date	

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Ask me to help with: _____

Type	1 Year	5 Years	Life
Student	\$5	\$20	N/A
Individual	\$10	\$40	\$100
Family	\$15	\$50	\$150
Benefactor	\$25	\$75	\$200

Fill out, print and send this form
with dues payable to:
**Friends of the
Georgetown Public Library**
123 West Pine Street
Georgetown, DE 19947