

Blount County Friends of the Library  
508 North Cusick Street  
Maryville, TN 37804

**MEMBERSHIP FORM**

Date: .....

Dr.       Mr.       Mrs.       Ms.       Mr. and Mrs.

Given Name(s): .....

Last Name(s): .....

Mailing Address: .....

City: ..... State: ..... Zip Code: .....

Phone Number: ..... e-mail: .....

**I would like to receive BCFOL News Letter via e-mail: Yes  No**

**Membership and Donation Information:**

*(Please make checks payable to: Blount County Friends of the Library)*

- |                          |   |                     |                                   |
|--------------------------|---|---------------------|-----------------------------------|
| <input type="checkbox"/> | Student Membership  | \$10.00 per year    | Check Number <input type="text"/> |
|                          | <i>(for students whose parents do not have a family membership)</i> |                     |                                   |
| <input type="checkbox"/> | Individual Membership   | \$12.00 per year    |                                   |
| <input type="checkbox"/> | Family Membership   | \$17.00 per year    |                                   |
| <input type="checkbox"/> | Donation  | \$_____             |                                   |
| <input type="checkbox"/> | Lifetime Membership   | \$250.00 per person |                                   |

**Volunteer Interests:**

I / We are interested in volunteering as follows:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> (1) Whatever is needed | <input type="checkbox"/> (2) Used Book Sale | <input type="checkbox"/> (4) Newsletter            |
| <input type="checkbox"/> (5) Public Relations   | <input type="checkbox"/> (6) Refreshments   | <input type="checkbox"/> (7) Helping in the coffee |
| <input type="checkbox"/> (8) EXLIBRIS (reading) |   |  |

[friendsbcpl@hotmail.com](mailto:friendsbcpl@hotmail.com)

[www.bcfol.org](http://www.bcfol.org)