



Of the Marian Wright Edelman Public Library

203 Fayetteville Ave, Bennettsville, SC 29512 ♦ Phone: (843) 479-5630 ♦ Fax: 843-479-5645

Friends of the Library Membership Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Amount Paid: _____

Date: _____

Membership Levels

Individual: \$10.00 Family: \$15.00

Teen: \$2.00 Organizational: \$20.00

Patron: \$25.00 Sponsor: \$50.00

Corporate: \$150.00 Life: \$500.00

Committee Sign-up (please select at least one)

Advocacy: _____ Book Sales: _____

Hospitality: _____ Fundraisers: _____

Membership: _____ Publicity: _____

PLEASE RETURN FORM TO FRONT DESK OF LIBRARY WITH PAYMENT ATTACHED

OFFICIAL USE ONLY: PAID _____ CHECK _____ CASH _____ REC'D _____