



Membership Form

PLEASE PRINT

Name/Names: _____

Address: _____

City, State, Zip: _____

Phone: (h) _____

(cell) _____

E-Mail: _____

(Your email address will be used only for Friends correspondence and for the Newsletter.)

Enclose your tax deductible check payable to:

**Friends of the Rockwall County Library
P.O. Box 1371, Rockwall TX 75087
or use PayPal at
www.friendsofrockwallcountylibrary.com**

Please indicate your choice of membership

- | | |
|---|---|
| <input type="checkbox"/> Youth \$10 | <input type="checkbox"/> Sponsor \$100 |
| <input type="checkbox"/> Individual \$15 | <input type="checkbox"/> Patron \$250 |
| <input type="checkbox"/> Family \$30 | <input type="checkbox"/> Benefactor \$500 |
| <input type="checkbox"/> Gold Family \$50 | <input type="checkbox"/> Trustee \$1,000 |
| <input type="checkbox"/> My employer will provide a matching gift | Please attach employer information |

Check information we can include in the Yearbook

- Name
- Address
- Home Phone Cell Phone
- Email

Check here if you do not want a Yearbook

- I do not want a copy of the Yearbook

Volunteer Opportunities

BOARD AND STANDING COMMITTEES

(Indicate below if you would like to work on a committee or would consider serving as a future FOL board member. Check your area (s) of interest.)

- ____ President Elect
- ____ Program VP
- ____ Fund Raising VP
- ____ Membership VP
- ____ Recording Secretary
- ____ Corresponding Secretary
- ____ Treasurer
- ____ Parliamentarian
- ____ Pumpkin Patch
- Week Capt.: ____ PP Committee: ____ Work: ____
- ____ Hospitality
- (decorating for meetings, Lunch Baskets, etc.)
- ____ Lunch Basket
- ____ Christmas Luncheon
- ____ Publicity
- ____ Newsletter
- ____ Historian
- ____ Reservations
- ____ Yearbook
- ____ FOL Website

INSIDE THE LIBRARY

- ____ Shelving books and light clerical duties
- ____ Become a Reading for Adults tutor
- ____ Participate in book discussion group

**Renew your
Membership
or
Join
Friends
of the
Rockwall County
Library**

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