

Friends of the Medford Public Library membership Renewal Form

The board looks forward to planning another year for FOL members. Please fill out the below form to help keep our membership current. The membership meets are held in Jan, Feb, March, April, May, Sept, Oct, and Nov are for all members. We hope you can attend as many as possible.

1. Fill out the Renewal information
2. Check annual dues fees (if applicable)
3. Fill out the volunteer opportunities section
4. Recommend a new member
5. Mail, drop off, or e-mail form to FOL (address info below)

Renewal/New Member Information

Renewing
 New
 Lifetime
 Not Renewing

Name:		Date:
Address:		
City	State:	Zip:
Phone:	e-mail:	

Annual Dues (check appropriate box)

<input type="checkbox"/> Individual	\$10.00	<input type="checkbox"/> Lifetime	\$100.00 per person
<input type="checkbox"/> Family (per household)	\$15.00	<input type="checkbox"/> Sustaining	\$500.00 per person

Volunteer Opportunities

To help us keep our roster current, please indicate with a check mark the volunteer opportunities that interest you (check all that apply).

<input type="checkbox"/> Board of Directors <input type="checkbox"/> Christmas Tour of Homes <input type="checkbox"/> Summer Garden Tour <input type="checkbox"/> Book Sale <input type="checkbox"/> Membership <input type="checkbox"/> Library Volunteer <input type="checkbox"/> Other:	<input type="checkbox"/> Newsletter <input type="checkbox"/> Publicity <input type="checkbox"/> Hospitality <input type="checkbox"/> Library Gardens/Planters <input type="checkbox"/> Events/Programs at Library <input type="checkbox"/> Clean Shelving <input type="checkbox"/> Other:
--	---

Leave completed form with dues

1. At the Library Circulation Desk
2. Mail to the Friends of the Library, 400 North Main Street, Medford, WI 54451
3. e-mail form (if no dues required) to Kristi Tlusty at chuckles@tds.net

Thanks for taking the time to renew your membership. Your dues are tax-deductible!

Also, you can recommend a new member by filling out the below information as well.

Recommended Member:		Date:
Address:		
City	State:	Zip:
Phone:	e-mail:	