

Friends of JCPL Membership Form

Membership Type

Single \$10

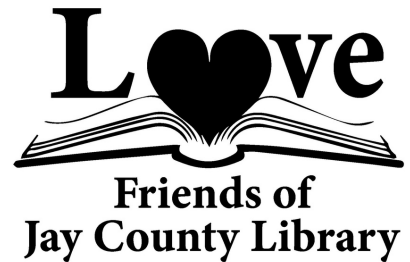
Family \$20

Payment

Cash

Check

*Please make checks payable to The
Friends of the Jay County Public Library



Name(s): _____

Address: _____

Phone : _____

Email: _____

I would like to help the Friends with
(Please mark all that apply)

Attend monthly meeting
(3rd Tuesday of the month @ 6pm in
the Community Room of JCPL)

Volunteer to work different library
events, on behalf of the Friends

Work the August Book Sale

Help with community based projects

Help with promotion of the Friends

Help with recruiting new
members to join!

Help serve refreshments for
programs & events

Help with fundraising for the Friends

Sign: _____

Date: _____