Friends of McCracken County Public Library Membership Application

Please PRINT Legibly				
Last Name:		First Name:		
Address:				
City:		State:	Zip:	
We must have your pho	ne number i	n case of questions.	,	
Phone Number:				
You must have an email Friends Preview Sale.	address in (order to receive fut	ure newsletters and admissi	on tickets to the
Email:				
Would you like to help w	ith future pro	ojects? 🗆 Yes 🗆 No	ο	
□ New Member <u>or</u> Me	mber who	se membership ha	s expired more than 2 mo	onths:
□ Senior (55 +)	\$10	□ Booklover		\$25
Student	\$10	□ Bookworm		\$50
Individual	\$15	□ Benefactor		\$100
□ Family (must all live in	same house	hold)\$20		
Renewal (If member	rship has n	ot expired):		
□ Senior (55 +)	\$7	Booklover		\$25
Student	\$7	□ Bookworm		\$50
Individual	\$10	□ Benefactor		\$100
□ Family (must all live in	same house	hold)\$15		
Amount Enclosed:			Date	

Dues are tax deductible as allowed by laws regulating 501(c) non-profit organizations. Membership is valid for one year. Any amount above membership dues will be treated as donations. Bring or mail application with payment to:

Friends of the Library 555 Washington Street Paducah, KY 42003