

Friends of McCracken County Public Library
Membership Application

Please PRINT Legibly

Date: _____ New Member Renewal

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

We must have your phone number in case of questions.

Phone Number: _____

You must have an email address in order to receive future newsletters and admission tickets to the Friends Preview Sale. Because of mailing costs and delivery delays, we are going all digital for future mailings.

Email: _____

Would you like to help with future projects? Yes No

Membership Level:

Senior (55 +) _____ \$7 Booklover _____ \$25

Student _____ \$7 Bookworm _____ \$50

Individual _____ \$10 Benefactor _____ \$100

Family (must all live in same household) _____ \$15

Amount Enclosed: _____

Dues are tax deductible as allowed by laws regulating 501(c) non-profit organizations. Membership is valid for one year. Amounts above the \$7, \$10, & \$15 will be treated as donations. Bring or mail application with payment to:

Friends of the Library
555 Washington Street
Paducah, KY 42003