

**FRIENDS OF SEMINOLE LIBRARY, INC.  
MEMBERSHIP APPLICATION**

**MAIL TO:  
FRIENDS OF SEMINOLE LIBRARY  
MEMBERSHIP CHAIRMAN  
9200 – 113<sup>TH</sup> STREET  
SEMINOLE, FL 33772**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Winter Resident \_\_\_\_\_

Year-Round Resident \_\_\_\_\_

_____ \$10	Individual
_____ \$15	Family
_____ \$125	Business Sponsor
_____ \$100	Life – Individual
_____ \$150	Life – Couple

Would you like to make an extra contribution? \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

What the Friends of Seminole Library do:

- Support the library as a vital part of our community
- Book Shoppe Sales
- Fund summer children's and teen programs
- Purchase books, equipment and materials
- Host special events

I would like to help with:

\_\_\_\_\_ Book Store  
\_\_\_\_\_ Event Setup

\_\_\_\_\_ Special Sales  
\_\_\_\_\_ Board Members

\_\_\_\_\_ Newsletter  
\_\_\_\_\_ Membership