

FRIENDS ^{OF}
THE
HOCKESSIN
LIBRARY

Membership Application – *Join or Renew*

Date: _____

New member _____ Renewal _____

_____ \$10 Individual Member (1 yr)

_____ \$25 Sponsor/Organization

_____ \$20 Family (1 yr)

_____ \$100 Lifetime

_____ \$40 Member/Family (5 yrs)

_____ Other (Gift)

Name

Address

City, State, Zipcode

Home Phone

Email

Is there a special area where you would like to volunteer?

_____ Membership

_____ Fundraising

_____ Telephone

_____ Programs

_____ Book Sale

_____ Hospitality

_____ Publicity

_____ Other

Enclosed is my check for \$ _____ (Please make the check payable to: "Friends of the Hockessin Library")

Please mail membership application form and your check to:

Friends of the Hockessin Library

PO Box 55

Hockessin, DE 19707

For more information, contact the Friends at: info@friendsofthehockessinlibrary.org

FOHL is a qualified 501(c)(3) charitable organization. All contributions are tax deductible as allowed by law. FOHL provided no goods or services in consideration of this contribution.

THANK YOU FOR YOUR SUPPORT!