



# MEMBERSHIP APPLICATION

New Membership     Renewal Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

- Friend \$10     Family Friend \$20     Student Friend \$5  
 Senior Friend \$5     Best Friend \$50     Corporate Friend \$200  
 Additional donation to Friends of Main Library: \$ \_\_\_\_\_

Payment Method:  Check     Visa     Mastercard     Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

*(charge will appear on your credit card statement as Library Shop on Main.)*

Please contact me by:  E-mail     U.S. Mail

In addition, I wish to take an active role by participating in the following areas:

**Library Shop on Main:**

- Shop Volunteer  
 Sorting Books  
 Shelving Books

**Other FOML Projects:**

- Membership  
 FOML Board of Directors  
 Help with special projects

IF A GIFT MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please mail your check, made payable to Friends of Main Library, and/or this completed form with credit card information to:

Friends of Main Library  
c/o Library Shop on Main  
60 S. High Street  
Akron, Ohio 44326

*Membership is tax deductible and good for one year.*

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_