

# Friends of the Shalimar Library Family Membership Application

Please fill in the form, print it and bring it to the library.

Date (MM/DD/YYYY): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names on additional cards for family members:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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## MEMBERSHIP

\$15.00      \$20.00      \$25.00      \$50.00      Other  
(Membership is renewable yearly.)

Make checks payable to:

SHALIMAR LIBRARY

Mail to or bring to: 115 Richbourg Avenue  
Shalimar, FL 32579

A stamped, self-addressed envelope would be appreciated  
for the return of your membership card/receipt.

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## VOLUNTEER FRIEND

I am interested in being a volunteer in the

Library      Thrift Shop

**WE ARE A 501(c)(3) ORGANIZATION. SOLICITATION OF CONTRIBUTIONS # CH470S.** A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-HELPFLA [435-7352]) OR (WWW.FLORIDACONSUMERHELP.COM) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.