

# FRIENDS OF THE SHALIMAR LIBRARY FAMILY MEMBERSHIP APPLICATION

Please fill in the form and return it to the library.

(Please Print) Date: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Additional cards for family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEMBERSHIP

\$15.00  \$20.00  \$25.00  \$50.00  Other: \_\_\_\_\_

Membership is renewable yearly.

Make checks payable to:

**SHALIMAR LIBRARY**

Mail to: 115 Richbourg Avenue

Shalimar, FL 32579

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

## VOLUNTEER FRIEND

I am interested in being a volunteer in the:

LIBRARY  THRIFT SHOP

**WE ARE A 501(C)(3) ORGANIZATION. SOLICITATION OF CONTRIBUTIONS # CH4705.** 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](http://www.FloridaConsumerhelp.com)) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.