



Membership Application

Friends of the Library of St. Johns County

P.O. Box 3122 St. Augustine FL 32085

New

Renewal

Enclosed is my check for _____ dues for 12 months:

| | | |
|---------------|-------|--|
| Individual | \$15 | Business (fewer than 25 employees) \$250 (25 employees or more) \$500 |
| Family | \$25 | |
| Book Lover | \$50 | We welcome additional gifts _____ |
| Literary Lion | \$100 | |
| Curator | \$500 | |

Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____ Telephone _____

Contact me regarding volunteer opportunities:

- Assisting Library Staff
- Working at Library book sale
- Working at "Mainly Books" at the Main Library