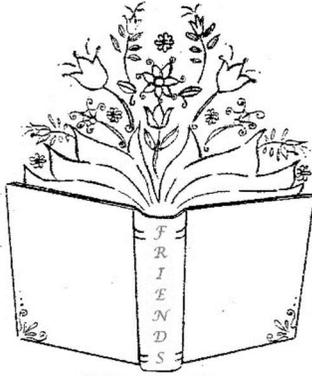


Membership # FOL  
(Number assigned by Secretary)



of the Andover  
Public Library

## Friends of the Andover Public Library Membership Application

*The purpose of the Friends of the Andover Public Library shall be to develop and maintain an association of Library supporters, to heighten awareness of Library services and facilities, to promote public support for the enhancement of Library resources, to develop supplemental funding for the Library and to provide, sponsor or support programs that further Library objectives.*

Application Date: \_\_\_\_\_

### Membership Type

- Individual – \$3.00 yearly dues per person
- Family – \$5.00 yearly dues per family  
*List family members on back*
- Sponsor/Business – \$25.00 yearly dues
- Lifetime – \$100.00 onetime payment per person

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Last M.I.*

Physical Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Mailing Address: \_\_\_\_\_  
*(if different) Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

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

*Don't forget to attend the Friends' regular monthly meetings, held at the Andover Public Library on the second Wednesday of each month at 4:00 P.M. All suggestions to make the Friends more involved in the library and community are always welcome!*

**Continued on Back**

DO NOT WRITE BELOW LINE

Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Payment Type:  Cash  Check # \_\_\_\_\_ Receipt # REC

## Areas of Interest

*Do you like to write, organize, or have great ideas for fund raisers? As a Friend, there are many opportunities to show your creativity and ability. Check your areas of interest and tell us a little about yourself.*

Hobbies: \_\_\_\_\_

Special skills or talents you would be willing to share:

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

*Your help is needed with the Friends' programming. If you would be willing to volunteer some of your time, please check the areas that might be of interest to you.*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Used Book Sale | <input type="checkbox"/> Basket Auction | <input type="checkbox"/> Reading Garden | <input type="checkbox"/> Seed Library     |
| <input type="checkbox"/> Safety Town    | <input type="checkbox"/> Quilt Show     | <input type="checkbox"/> Baking         | <input type="checkbox"/> Holiday Programs |

## Family Member Information

*Please list all members of your household (Family Memberships only)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Last M.I. Spouse, Son, Daughter, etc.*

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Last M.I. Spouse, Son, Daughter, etc.*

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Last M.I. Spouse, Son, Daughter, etc.*

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Last M.I. Spouse, Son, Daughter, etc.*

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

*Attach a sheet of paper if additional space is needed.*