



Membership Form

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Membership Levels

(Please check one)

Membership contribution is any amount you choose within the levels below and can be paid in cash or by check payable to "Friends of the Fulton Public Library". Please drop-off or mail your form and payment to the library at 160 South 1st St., Fulton, NY 13069.

Membership contributions are not tax deductible.

- | | | |
|--|---|--|
| <input type="checkbox"/> Short Story \$1–\$9 | <input type="checkbox"/> Novella \$10–\$24 | <input type="checkbox"/> Paperback \$25–\$34 |
| <input type="checkbox"/> Hardcover \$35–\$49 | <input type="checkbox"/> Bestseller \$50–\$99 | <input type="checkbox"/> Classics \$100+ |

Amount: _____ Date: _____ Cash Check

Birth Year (optional): _____

Permission to acknowledge membership publicly Yes No

I am interested in volunteer opportunities Yes No

I am interested in being a board member of the Friends Yes No

Thank You