

FRIENDS MEMBERSHIP APPLICATION

Yes, I would like to become a Friend of the Lindsay Branch of the Kawartha Lakes Public Library.

Name:

Address:

City:

Postal Code:

Telephone:

Email:

Membership with the Friends of the Lindsay Branch is free, but annual donations are greatly appreciated. Please do not send membership donations until your application has been processed.

Membership type:

- Individual (\$10.00 per year donation)
- Student (\$5.00 per year donation)
- Family (\$15.00 per year donation)

If your application is for a "Family Membership", please list additional names of family members:

I am willing to help with (check all that applies):

- | | |
|--|--|
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Secretarial Tasks |
| <input type="checkbox"/> Home Book Service | <input type="checkbox"/> Reader's Corner |
| <input type="checkbox"/> Speakers | <input type="checkbox"/> I prefer to be a silent supporter |
| <input type="checkbox"/> Fund-raising activities | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Archives of the Friends | <input type="checkbox"/> Other _____ |

Please submit your completed application form to any desk at the Lindsay Branch or mail to:

**Membership Secretary
Friends of the Lindsay Branch
City of Kawartha Lakes Public Library
190 Kent St. W. Lindsay ON K9V 2Y6**