



Membership Form

New Renewal Date _____

Name _____

Address _____

City, State and Zip Code _____

Phone _____

Permission to communicate through text messages Yes No

Email address _____

Permission to email newsletters, updates, announcements Yes No

\$35 Individual/Friend

\$60 Couple/Patron

\$120 Family/Benefactor (four members)

\$350 Life Member (two members per year for life)

My employer participates in a Matching Gifts Program. My form is enclosed.

Taxpayer Identification Number: 58-6067231

Contact me about volunteering at the Annual Book Sale

Contact me about volunteering at the Bookstore and Workroom, 5494 Forsyth Road

Contact me about volunteering with other projects

Please make your check payable to Friends of the Library, Inc.

Mail to:

P. O. Box 27944

Macon, GA 31221

Save a stamp. Become a Member at the Bookstore & Workroom, 5494 Forsyth Road, or join at the Book Sale. Questions about Membership? Contact us at 478-745-2422 or fotlmacon2017@gmail.com

Credit and debit cards accepted at the Bookstore and at the Book Sale.