

Join Friends or Renew Your Membership NOW!

AY 2017-2018 MEMBERSHIP FORM

Date _____ (Membership valid for 1 year.)

_____ RENEWING _____ NEW MEMBERSHIP

NAME _____

Street Address _____

City, State Zip _____

Daytime Phone _____

Evening Phone _____

E-MAIL _____

Select membership type:

- _____ STUDENT/SENIOR (\$1)
- _____ FACULTY/STAFF/ALUMNI/COMMUNITY PATRON (\$5)
- _____ FAMILY (\$10)
- _____ BUSINESS/ ORGANIZATION/CLUB (\$25)
- _____ LIFE-TIME (\$150)
- _____ OTHER (\$ _____)

I would like more information on becoming an active volunteer for the Friends of the Davis Library and participating in planning meetings and fundraisers.

Please contact me by:

PHONE _____

E-MAIL _____

(Check all that apply.)

Please make checks payable to:

URG FRIENDS OF THE DAVIS LIBRARY

Mail to:

FRIENDS MEMBERSHIP

c/o

J.A. Davis Library – URG/RGCC

P.O. Box 500

Rio Grande, OH 45674-0500

