

APPLICATION FOR MEMBERSHIP

Name _____

Address _____

City _____ State _____ ZIP _____

Daytime phone # _____ Evening phone # _____

Email address _____

Membership Categories Annual Fee

(Please check your choices)

- | | | | | |
|---|-------|--|-------|--|
| <input type="checkbox"/> Student/Senior Citizen | \$ 5 | <input type="checkbox"/> Sustaining | \$100 | <input type="checkbox"/> Other donations _____ |
| <input type="checkbox"/> Adult | \$ 15 | <input type="checkbox"/> Corporate Member - Bronze | \$200 | |
| <input type="checkbox"/> Family | \$ 25 | <input type="checkbox"/> Corporate Member - Silver | \$300 | |
| <input type="checkbox"/> Patron | \$ 50 | <input type="checkbox"/> Corporate Member - Gold | \$500 | |

Total enclosed _____

**Send to: Friends of George Memorial Library
1001 Golfview Dr.
Richmond, TX 77469**