

Friends of the Library of Hernando County, FL, Inc.
MEMBERSHIP FORM

I am interested in helping the Hernando County Public Library System.
Please enroll me in the following Membership Category:

- | | | |
|--------------------------|--------------|------|
| <input type="checkbox"/> | Individual | \$5 |
| <input type="checkbox"/> | Family | \$10 |
| <input type="checkbox"/> | Contributing | \$25 |
| <input type="checkbox"/> | Sponsor | \$50 |

Please print:

Name _____

Street Address _____

City ,State, Zip _____

Telephone _____

This is a:

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | New membership |
| <input type="checkbox"/> | Renewed membership |
| <input type="checkbox"/> | Active membership |
| <input type="checkbox"/> | Inactive membership |

Please make check payable to Friends of the Library of Hernando County, FL,
Inc. and send to:

238 Howell Avenue
Brooksville, FL 34601

Questions? Call (352) 684-0660

Thank You for Your Support!

[Printable form]