



MEMBERSHIP APPLICATION

We're delighted that you have decided to join our organization! Please print the following information and submit your completed form and dues payment to:

**Friends of the Parkland Community Library
4422 Walbert Avenue
Allentown, PA 18104**

Attn: Membership Chair

Name _____

Address _____

Email _____

Cell phone _____ Home phone _____

Annual Membership Type (please check one):

_____ New

_____ Renewal

Note: our membership year runs from January 1 through December 31

Membership Level (please check one):

_____ Individual (\$10/yr)

_____ Family (\$15/yr)

_____ Lifetime (\$100 one-time payment)

If you would like to include an optional donation, please indicate the amount \$_____

If you are interested in participating in any of our fulfilling volunteer opportunities, please check those that appeal to you. We will be in touch with you soon!

_____ Committee Chair or Board member

_____ Publicity

_____ Fundraising projects

_____ Friends' Book Shop

_____ Special events or programs

_____ Book Sale events

Please send any questions to NyceFriends@gmail.com.