



Membership Application – *Join or Renew*

Date: _____

New member ___ Renewal ___

___ \$10 Individual Member (1 yr)

___ \$25 Sponsor/Organization

___ \$20 Family (1 yr)

___ \$100 Lifetime

___ \$40 Individual/Family (5 yrs)

___ Additional Donation \$ ___

Name _____

Address _____

City, State, Zip Code _____

Preferred Phone _____ Text Message OK? ___

Email _____

Is there a special area where you would like to volunteer?

___ Board

___ Publicity

___ Used Book Sale

___ Reading Garden Maintenance

___ Fundraising

___ Other _____

Enclosed is my check for \$ _____

(Please make the check payable to: "Friends of the Hockessin Library, Inc.")

Please mail membership application form and your check to:

Friends of the Hockessin Library, Inc.
P.O. Box 55 Hockessin, DE 19707

For more information, contact the Friends at: info@friendsofthehockessinlibrary.org

FOHL is a qualified 501(c)(3) charitable organization. EIN 51-0185744. All contributions are tax deductible as allowed by law. FOHL provided no goods or services in consideration of this contribution

THANK YOU FOR YOUR SUPPORT!