

Friends Membership Application

Bring this completed form, along with your dues, to the library on your next visit. Give to a staff member at either location of the Jeffersonville Township Public Library; or mail to the library at:

Friends of the Library
P.O. Box 1548
Jeffersonville, IN 47131

- New Member
 Renewal

Annual Dues

- Single \$ 5.00
 Family \$10.00

Date: _____

- Individual Life \$75.00

Make checks payable to the Friends of the Library.

Volunteer Interest

Check all that apply

- Help with book sales
 Assist the library in decorating
 Representing **Friends** at events
 Work on Membership drive
 Help with publicity for **Friends**
 Assist with library programs
 Volunteer in the library
 Not available at this time

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____



Join the Friends of the Library or renew your membership by completing this form. Membership applications can be returned to either branch of the Jeffersonville Township Public Library or mailed to the library at:

Friends of the Library
P.O. Box 1548
Jeffersonville, IN 47131



Main Library

211 East Court Avenue | P.O. Box 1548, Jeffersonville, IN 47131-1548 | P (812) 285-5630 | F (812) 282-1264 | jefflibrary.org

Clarksville Branch

1312 Eastern Boulevard, Clarksville, IN 47129 | P (812) 285-5640 | F (812) 285-5642