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

Date:

Friends Membership Application

Name: ____________________________
Address: __________________________
City: ____________________________ Zip: __________
State: __________ Phone: __________
E-mail: __________________________

Annual Dues
☐ Single $ 5.00
☐ Family $10.00

Make checks payable to the Friends of the Library.

Volunteer Interest

☐ New Member

☐ Renewal

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

Annual Dues

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