

Friends of the Lady Lake Library



DATE: _____

Name(s): _____

Mailing Address: _____

Phone: _____

Email Address: _____

Type of Membership: Individual (\$5.00) _____ Family (\$10.00) _____

I would also like to make a donation of _____ to the Friend of the Lady Lake Library.

Please check any activities you would like to help with"

___ volunteer in the "Second Chance Books" book sale room.

___ assist with programs at the library/Friend's projects.

___ assist in the library (shelving, shelf reading and straightening shelves)

___ serve of the Board of Director of the Friends.

PLEASE MAKE CHECKS PAYABLE TO: Friends of the Lady Lake Library and return your membership form and payment to a volunteer in the "Second Chance Books" book sale room, a staff member at the library or mail to :

Friends of the Lady Lake Library

Attn: Treasurer

225 W. Guava St.

Lady Lake, FL 32159