

FRIENDS OF THE BRUNSWICK-GLYNN COUNTY LIBRARY

My check for \$ _____ is enclosed for annual membership in the **Friends of the Brunswick-Glynn County Library.** **All Memberships Expire each FEBRUARY (except Life Memberships)**

Individual: \$10.00

Supporting: \$50.00

Corporate: \$250

Family: \$20.00

Patron: \$100

Lifetime: \$500 or more

(\$250 age 65 and older)

Today's Date _____

Name _____ Telephone () _____

Address _____ City, State, Zip _____

Email _____ @ _____

(Used for Online Newsletter/Communication Purposes Only)

Interested in Volunteering?

___ Book Sales

___ Book Store

___ P.R. / Publicity

___ Fundraising

___ Children's Reading Programs

___ Sorting / Shelving

Please return this completed form with your check to:

Friends of the Brunswick-Glynn County Library

208 Gloucester Street

Brunswick, GA 31520-7007