



Friends of the Cobb County Public Library System, Inc.

A 501(c)3 Organization
 P.O. Box 5236, Marietta, GA 30061-5236
 Ph: 770-528-2342 Fax: 770-528-2349 Email: latchp@cobbcat.org

Application

Renew Your Membership today!

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

- | | | | |
|----------------------------|--------------------------|--------------------------|----------|
| <i>Type of Membership:</i> | <input type="checkbox"/> | Senior Citizen / Student | \$ 5.00 |
| | <input type="checkbox"/> | Individual | \$ 10.00 |
| | <input type="checkbox"/> | Family | \$ 15.00 |
| | <input type="checkbox"/> | Supporting | \$ 30.00 |
| | <input type="checkbox"/> | Sustaining | \$ 75.00 |

All checks should be made payable to **Friends of the Library**.

- Chapter Preference:* I would also like to be considered a member of the _____ Chapter of the Friends of the Library. No additional charge.

- I would like to volunteer my time at the library! Please contact me about opportunities:*
- To serve on the Friends Board.
 - To help at the Book Sale.
 - To help with planning programs for Friends Meetings.
 - To help with the Vacation Reading Club Celebration.
 - To form a Branch Chapter of the Friends of The Library

- I would like to donate additional funds as follows:* I would like to donate an additional \$_____ to the Friends of the Library. (If you wish, these funds shall go to the _____ Chapter of the Friends of the Library.)

Print and Mail to:
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