

## Annual Membership Registration

Name (s) \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

"Winter home address from \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have enclosed my \$5.00 per family annual membership fee.

I also wish to donate:

Total Enclosed \$ \_\_\_\_\_

Please make checks payable to:  
Friends of the  
Charlevoix Public Library

*Thank you for joining the Friends of the Charlevoix Public Library!*

I/we wish to join but have no time to volunteer at this time.

I/we would be interested in:

- Phoning     Refreshments     Data Entry     Youth Services  
 Book Sale     Mailing     Homebound Delivery

A Program Suggestion is: \_\_\_\_\_

