



MEMBERSHIP APPLICATION: NEW _____ RENEWAL _____

Name _____

Date: ____/____/____

Membership year is Sept. 1-Aug. 31.

Address: _____

City, State, Zip: _____

Phone: _____ (home) _____ (other)

- \$10 Individual Membership
- \$25 Family Membership
- \$50 Silver Membership
- \$100 Gold Membership
- \$100+ Diamond Membership

e-mail: _____

I prefer not to have my name published as a member.

Make check payable to: Friends of the Norman Library
P. O. Box 6308, Norman, OK 73070-6308

Your Membership Helps the Library

- * Provide funds for materials, equipment, and books that are not funded through other sources
- * Sponsor community educational programs through the Library
- * Stimulate public awareness and support for the Library
- * Provide volunteer workers for special events

Your Membership Benefits

- * An invitation to "Members Only" presale the Friday evening before the huge public Friends of the Library Book Sale every fall
- * The satisfaction of helping to sustain an invaluable public institution used by thousands of your fellow citizens each year
- * A tax deduction for every contribution you make to the Library

Friends of the Norman Library Volunteer Opportunities

YES, I want to help! Please return this form along with your membership information. Thank you!

_____ Help with annual Library Book Sales (October, February, May & July)

_____ Serve on a committee (membership, book sale, volunteer, finance, publicity, or newsletter) Circle your interests.

_____ Serve on Friends of the Norman Library Board of Directors

_____ Coordinate Volunteers

_____ Help with Special Library Events. Please list a favorite event below or you will be contacted as they come up. _____

Name: _____

Phone: _____

Email: _____