

Friends of the Clearwater Library

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ANNUAL MEMBERSHIP DUES

- Life \$150. Best Friend \$75 Special Friend \$50.
 Family Friend \$25. Individual \$10. Student \$5.

Please make check payable to Friends of the Clearwater Library and mail to:
Friends of the Clearwater Library
100 North Osceola Avenue, Clearwater, FL 33755

THANK YOU!