Friends of the Cape Coral Library

MEMBERSHIP FORM _____NEW ____RENEW

Remit to: PO Box 152471, Cape Coral, FL 33915-2471

OR pay online: ***capefriends.org/memberships***

Questions? Email to: membership@capefriends.org

Annual dues cover the calendar year from January 1 to December 31. Please complete this form to process your membership and send with your payment to the address above.

Make check payable to "**Friends of the Cape Coral Library**."

_____Annual Family Membership: $ 20.00

_____Life Family Membership: $ 150.00

_____Additional Donation (Optional) _____

Total $_____

If you would like to **volunteer,** check all interests:

___Board Member ___ Art Gallery ___Special Events

___Book Sales, related book sale activities

Name(s) (please print) _____ Phone _____

Address _____ Zip _____

Email _____ Date _____

New members joining during the last two months of the calendar year will be credited with membership for the following calendar year. Membership includes "Members Only" entrance on the first day of Book Sale Events and option to receive periodic newsletters via email.

Visit our website, capefriends.org, for more information.