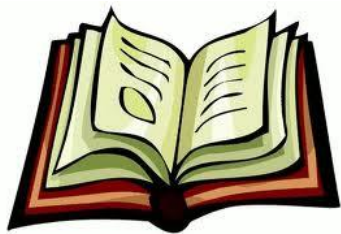


Mail completed form and check to: Friends of the Library, 365 73rd Avenue,
St. Pete Beach, FL 33706. Or, bring to the Library during business hours.



**Friends
of the
St. Pete Beach
Library**

Founded 1968

2019 MEMBERSHIP APPLICATION

_____ NEW _____ RENEWAL

Name(s) _____

Mailing Address _____

City/State _____ Zip _____

Phone(Day/Evening/Cell) _____

E-mail _____

Enclosed is my annual membership dues of \$ _____ (payable to Friends of the S.P.B. Library)

Suggested Membership Levels: Individual \$15; Couple or Family \$25; Business \$50;
Life Individual \$100; Life Couple \$150

Enclosed is an additional donation of \$ _____ to further support the Friends.

Note: Membership dues and other donations to the Friends may be tax-deductible.

Ask your financial advisor.

I would like to help with:

_____ Book Store/Sales

_____ Board Officer

_____ Programs

_____ Fundraising

_____ Publicity/Promotion

_____ Membership