



Friends of the Beaumont Public Library

MEMBERSHIP FORM

Please print. *The information you provide is for the Friends' use only and will remain confidential.*

Mr. Dr. Mrs. Miss Ms. Mr. and Mrs. Dr. and Mrs. (Spouse's Name: _____)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Cell Phone: _____

Email address: _____

Membership Information

- | | | | |
|-------------------------------------|------|---------------------------------|-------------------|
| <input type="checkbox"/> Individual | \$10 | <input type="checkbox"/> 50.00 | Best Friend |
| <input type="checkbox"/> Family | \$20 | <input type="checkbox"/> 100.00 | Circle of Friends |

There are many incentives to becoming a friend, become one today.

Donations

I would like to make a donation of \$_____.

In Honor of _____

In Memory of _____

Payments

Checks can be made payable to Friends of the Beaumont Public Library

Please return the completed form with your payment to:

Friends of the Beaumont Public Library

P.O. Box 5961

Beaumont, Texas 77706