

Membership Form



Friends of Samuels Library (FOSL) is dedicated to helping Samuels Library bring people, information, and ideas together to enrich lives and build our community. Your membership and donations help provide the library with critical resources outside of the regular library budget.

Membership Information:

Names: _____

Address: _____
Street City, State Zip Code

Email: _____

Phone: (_____) _____ - _____

Important: Do you wish to receive monthly emails about library and FOSL programs and events?
 Yes No I already receive them

Membership Level:

_____ Senior \$15 _____ Student \$10 _____ Family \$30 _____ Individual \$20
_____ Business \$35 _____ Corporate \$50 \$_____ Donation \$_____ Total

Payment Options:

1. **Check:** Make check payable to: Friends of Samuels Library
2. **Credit Card:** Pay via credit card at the Epilogue Book Store or by completing the information below. (*Credit card information will be shredded after processing.*)

Return Instructions: Please mail this form and payment to: Friends of Samuels Library, 330 East Criser Rd., Front Royal, VA 22630 or deliver in-person by leaving this form with your payment at the Library circulation desk.

Your Input:

What programs or events would you and your family like to see offered?

What suggestions do you have for enhancing FOSL?

Are you interested in volunteering? Yes No

✂ _____
Credit Card Information: (*To protect privacy, this section will be shredded after processing.*)

Name: *as it appears on credit card* _____

Credit Card Number: _____

Expiration Date: _____ / _____

Three or Four Digit Security Code: _____

