



MEMBERSHIP APPLICATION

Please print clearly.

Membership: New Renewal

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail (your information will not be shared):

Please choose a membership level:

- Friend (Individual) \$15
- Family Friend \$25
- Good Friend \$50
- Supportive Friend \$100
- Best Friend \$500⁺

Please list the adults to include in this membership.
Adults must live at the same address and are limited
to 2 per \$25 membership and 4 per \$50 and up:

1. _____
2. _____
3. _____
4. _____

Please complete reverse side.

Continued from previous side.

Please choose a payment option:

Enclosed is my check made payable to:

Friends of the York County Library

Please charge my credit card account

Visa MasterCard

Name as it appears on card (please print):

Card # (please include spaces/dashes):

Expiration Date: _____

Signature: _____

**Your membership is tax-deductible
and helps to enrich our libraries.**

Yes, I am interested in volunteering my time
and talent. My areas of interest are:

Sorting donated books and materials
(Rock Hill branch only)

Book sale assistance Publicity

Membership Online sales

Other: _____

(Don't know what to do? Don't worry.
We'll provide training and support.)

Please return completed application and payment
to any York County Library branch (Clover, Fort
Mill, Lake Wylie, Rock Hill, or York) or mail to:

**Friends of the
York County Library
P.O. Box 10032
Rock Hill, SC 29731**

For more information or to contact us, please visit
www.yclibrary.org or call **803.981.5837**.