



FRIENDS OF
KEENE MEMORIAL LIBRARY

Friends of Keene Memorial Library Membership Form

Date: _____

Name: _____

Street Address/P.O. Box _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

Payment (Check all that apply):

Regular Membership (\$10 per person per calendar year) \$ _____

Book Lover Sponsor (\$100 per calendar year; includes one \$10 membership and \$90 charitable donation) \$ _____

Additional donation to Friends \$ _____

Total Enclosed: \$ _____

(Cash or Check)

Is this a renewal of your current membership? Yes _____ No _____

I would be interested in these volunteer opportunities (check all that apply):

_____ Sort books for the Annual Book Sale

_____ Volunteer at the Annual Book Sale

_____ Serve on Friends' Board

_____ Serve on Friends' Committee

_____ Help with Library Events

_____ Serve on Expansion Project Committee

_____ Other: _____

Just a few benefits of joining our group:

- First choice at our Annual Book Sale
- Get the latest news about library events
- Annual Friends Meeting
- Being part of the Expansion Project for the library

Please return this form with your payment, payable to:

Friends of Keene Memorial Library 1030 North Broad St. Fremont, NE 68025

Visit us at www.fokml.org

Or email us at FOKMLibrary@gmail.com