

FRIENDS OF THE BOAZ PUBLIC LIBRARY MEMBERSHIP FORM



NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

DUES: \$10.00

Check One:

Check One:

Renewal ____ New Member ____

Cash ____ Check ____

____ I don't wish to be a member but please accept the enclosed check as a donation to the Boaz Public Library Building Fund.

Donation Amount \$ _____

Make check payable to Friends of the Boaz Public Library.

Return Form To: LIBRARIAN
BOAZ PUBLIC LIBRARY
SOUTH MAIN STREET
BOAZ, AL 35957