Friends of the Georgetown Public Membership Application

Name:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Email:_____

Phone:_____

- ☐ **New Member**
- ☐ **Renewal**

Please select an annual Membership Level

- ☐ **Individual - $10**
- ☐ **Family - $15**
- ☐ **Supporter - $25**
- ☐ **Patron - $50**
- ☐ **Angel - $100**
- ☐ **Benefactor - $250**

We also offer

- ☐ **Business - $100+**
- ☐ **Lifetime Membership - $500+**

Volunteer opportunities

- ☐ **I would like to volunteer with FOL**
- ☐ **I am a current FOL volunteer**

Mail Membership Application to:
Friends of the Georgetown Public Library, 402 W. 8th Street, Georgetown TX 78626