



MEMBERSHIP FORM For Friends of the Rosemary Garfoot Public Library

Name _____

Phone _____

Email _____

Address _____

Date _____

I would be interested in assisting with (check all that apply):

- Officer Position (secretary, treasurer, vice president, president)
- Fundraising (e.g. book sale, art auction, other)
- Help with Library programming/events
- Other _____

One-Time Membership Dues: \$40.00

Additional Donation: _____

Total: _____

Make check payable to the Friends of the Rosemary Garfoot Public Library

This application may be mailed at the address below or dropped off at the library.

**Friends of the Rosemary Garfoot Public Library
2107 Julius St.
Cross Plains, WI 53528**