

## Friends of the Alpharetta Library Membership Form

Print this page, fill it out, and mail to the address at the end of the form.

Date \_\_\_\_\_ New \_\_\_ Renewal \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

email address (print clearly):

\_\_\_\_\_

Annual dues: Individual/Family \$5 \_\_\_\_\_; Sponsor \$25 \_\_\_\_\_; Donation  
\$ \_\_\_\_\_; Total \$ \_\_\_\_\_.

Please consider volunteering in an area of your interest. Check one or more of  
the following:

Program planning

Newsletter

Membership

Business memberships

Book sales

Assist library staff

Make check payable to FOTAL and mail with completed form to:

Friends of the Alpharetta Library

238 Canton Street

Alpharetta, GA 30004-1339

(Mark "Membership" on the outside of the envelope.)