



Bandon Library Friends and Foundation Membership Application



Name _____ Phone _____

Address: _____ E-mail _____

City: _____ State: _____ ZIP: _____ Renewing or New Member
(circle one)

Enclosed is: \$5 Annual Membership fee \$50 Individual Lifetime Membership fee
 Additional donation \$75 Couples Lifetime Membership fee

Please make checks payable to: BLFF, 1204 11th St. SW, Bandon, OR 97411.

I'd like to help BLFF (Check as many as you wish.):

- | | | |
|---|---|---|
| <input type="checkbox"/> Book Sales | <input type="checkbox"/> Provide Event Refreshments | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Author Night | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Piehl Youth Poetry Contest | <input type="checkbox"/> Film Night | <input type="checkbox"/> Membership Drives |
| <input type="checkbox"/> Board Membership | <input type="checkbox"/> Travel Night | <input type="checkbox"/> Computer Education |
| <input type="checkbox"/> Anniversary Celebrations | <input type="checkbox"/> Special Cultural Events | <input type="checkbox"/> Fundraising/Grants |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Suggestions: _____ | | |

Card Given? Y N Expiration Date: _____ Am't. Rec'd _____ By: _____ Date: _____

