

The Friends of the Grandview Library

Membership Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Email _____

The Friends' membership year is based on a calendar year.

Please check one: New Member Renewing Member

Paid by: Check Cash

• ANNUAL MEMBERSHIP OPTIONS:

Make check payable to: ***Friends of the Grandview Library***

- | | |
|---|------|
| <input type="checkbox"/> Student / Senior (age 60+) | \$10 |
| <input type="checkbox"/> Individual | \$15 |
| <input type="checkbox"/> Family | \$25 |
| <input type="checkbox"/> Best Friend | \$50 |

• TAX DEDUCTIBLE OPTION:

Make check payable to: ***Grandview Library Endowment Fund***

- | | |
|--|-------|
| <input type="checkbox"/> Lifetime Individual | \$200 |
| <input type="checkbox"/> Lifetime Family | \$250 |

• I would like to volunteer

- Book Sales Friends' Board of Directors

• Return with your payment to the Library Circulation Desk or mail to:

Friends of the Grandview Library
1685 W. First Avenue
Columbus OH 43212



GRANDVIEW HEIGHTS PUBLIC LIBRARY

1685 West First Avenue, Columbus, Ohio 43212

2/2010

(614) 486-2951

www.ghpl.org