

FTSCPL Membership Form

DATE: _____

NAME _____

Street Address _____

City _____

STATE _____ Zip Code _____

Phone Number _____

Email Address _____

_____ Individual \$10.00 _____ Family \$15.00 _____ Business \$50.00

_____ Sponsor \$50.00 _____ Patron \$100.00 _____ Benefactor \$500.00

Check membership requested and enclose the appropriate dues.
Make check payable to Friends of the Toccoa-Stephens County
Public Library and mail to : PO Drawer L, Toccoa, GA 30577