



Membership Application

Please indicate the type of application:

- New Membership
 Membership Renewal

For Family Membership:

Please list all family members who are living in the same household:

Date: _____

Name: _____

Mailing Address:

Email Address: _____

Phone Number: _____

Name:

Age:

Membership Donation:

- Individual (\$5.00)
 Family (\$10.00)
 Lifetime (\$100.00)
 Business (\$25.00)

Are you interested in working as a volunteer with the Friends Group?

Yes No

Please mail or drop-off completed application and payment to:

Friends of HCPL
280 E. Broadway
Eminence, KY 40019

Election of Directors is held in March of each year. If you are an adult, are you interested in serving as a Board Member for Friends of The Henry County Public Library?

Yes No

Questions? Email: libraryfrnds@gmail.com