



Membership Form

Remit to PO Box 152471, Cape Coral FL 33915-2471
 OR pay online at capefriends.org/memberships
 Questions? Email to: membership@capefriends.org

New Member? Check here: _____
Renewal? Check here: _____

Annual dues cover the calendar year from January 1 to December 31. Please complete this form to process your membership and send with your payment to the address above. Make your check payable to "**Friends of the Cape Coral Library**". You can also pay online at: capefriends.org/memberships

_____ **Annual Family** \$ **20.00**
 _____ **Life Membership** \$ **150.00**
 _____ **Additional Donation** \$ _____
 (optional)
Total Amount Submitted \$ _____

If you would like to **volunteer**, check all interests:
 _____ Board Member _____ Publicity _____ Art Gallery
 _____ Book sales, related book sale activities or special events

Visit our website: capefriends.org, for more information.

Name(s) (please print) _____ Phone _____
 Address _____ Zip _____
 Email _____ Date _____

With your payment you will receive an email notice of updates, current activities, events and programs. Providing us with your email address ensures that you receive news and information in a timely manner.
Your membership also offers "Members Only" entrance on the first day of Book Sale Events.



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