



# Friends of the Beaumont Public Library

## MEMBERSHIP FORM

Please print. *The information you provide is for the Friends' use only and will remain confidential.*

Mr.  Dr.  Mrs.  Miss  Ms.  Mr. and Mrs.  Dr. and Mrs. (Spouse's Name: \_\_\_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Membership Information

- |                                     |      |                                 |                   |
|-------------------------------------|------|---------------------------------|-------------------|
| <input type="checkbox"/> Individual | \$10 | <input type="checkbox"/> 50.00  | Best Friend       |
| <input type="checkbox"/> Family     | \$20 | <input type="checkbox"/> 100.00 | Circle of Friends |

**There are many incentives to becoming a friend, become one today.**

### Donations

I would like to make a donation of \$\_\_\_\_\_.

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

### Payments

Checks can be made payable to Friends of the Beaumont Public Library

**Please return the completed form with your payment to:**

Friends of the Beaumont Public Library  
P.O. Box 3827  
Beaumont, Texas 77704  
(409) 838-6606 Fax (409) 838-6838  
[www.beaumontlibrary.org](http://www.beaumontlibrary.org)