

**FRIENDS OF THE KELSO LIBRARY
MEMBERSHIP APPLICATION**

Yes, I want to join the Friends of the Kelso Library:

Name _____

Address _____

Telephone _____ Email address _____

Kelso City Resident? Yes _____ No _____ Are you over 18? Yes _____ No _____
(If you are not a resident of Kelso, you may be eligible for a card with your active Friends membership)

I am interested in the following:

- ___ 1. Serving as an officer.
- ___ 2. Making a monetary donation.
- ___ 3. Purchasing new books and donating them to the Library.
- ___ 4. Helping with book sales and other fund raising events.
- ___ 5. Helping with Library programs.
- ___ 6. Attending Friends meetings.
- ___ 7. I have other areas of interest and/or expertise that might help the Library.
Please be specific:

Signature _____ Date _____
(If you are under 18, parent or guardian must sign)