



## Individual and Family Membership Form

I am enclosing my tax-deductible payment for:

☐ \$50 Family

☐ \$15 Senior

☐ \$30 Individual

☐ \$15 Student

*Membership Questions? Email: [FriendsOfTheLibraryTally@gmail.com](mailto:FriendsOfTheLibraryTally@gmail.com)*

Please charge my payment of \$ \_\_\_\_\_ ☐ Visa ☐ Mastercard

Card Number \_\_\_\_\_ CCV Code \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Check # \_\_\_\_\_ (*Made payable to Friends of the Library*)

Name \_\_\_\_\_

Name for Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\*Email \_\_\_\_\_

*\*Please include your email address to receive event announcements and newsletters.*

***Mail to:***  
**Friends of the Library**  
**200 West Park**  
**Tallahassee, Florida 32301**