

Membership Application/Renewal Form

BE A LIBRARY HERO	Date	New Renewal
Name(s)		
MailingAddress		
City	State	ZIP
Telephone () E	-Mail	
NOTE: If this information changes, p	lease tell us so we can continu	e to keep you informed!
Please indicate your choice of Memb	ership Category:	
Individual \$5 per perso	on (18 and older)	
Bookworm* \$20		
Booklover* \$30		
Bibliomaniac* \$50		
I am enclosing an additional	\$ as a donation.	
\$Total Amount Enclosed (*A	Amount includes \$5 membershi	p per person.)
Form of payment: Make checks pay	vable to: FESAL	
Check# Ca		d cash in the mail.
Bookworms, Booklovers, and Biblion Just Between Friends.		
Please check here if you wish	for your contribution to rema	ain anonymous.
Are you interested in Volunteering	? Yes 🗌 No 🗌	
Name (s)	Phone if different from	above
Name (s)	Phoneif different from	above
		above
• FESAL membership year: January 1	l through December 31 each ye	ar
Membership open to anyone 18 year	ars old or older	
• Label on newsletter shows year of r	nembership expiration	
Children 17 and under may attend " who is a member	Members Only Preview" Book S	Sale with a parent or sibling

The Friends of the East Shore Area Library is a 501(c)(3)organization to which contributions are tax deductible to the fullest extent permitted by law. The value of the membership benefits and privileges is \$5 per member.

You may join the Friends of the East Shore Area Library or renew your membership by filling out this application form and bringing it to the library at any time. You can also mail it to:

Friends of East Shore Area Library (FESAL) ATTN: Membership Chairperson P.O.Box 90083 Harrisburg, PA 17109