



Application for Annual Membership

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email address: _____

How can we best reach you? ☐ Email ☐ Phone, best time to call _____

Please select one of the following categories:

☐ Individual: \$10.00

☐ Senior (60 or over) or Student: \$5

☐ Family (2 adults and children under 18): \$15

Name(s) of family member(s): _____

☐ Corporate/Business Sponsor: \$100

☐ Lifetime: \$200

☐ Please accept my donation. I do not wish to volunteer.

☐ I would like further information on how I can volunteer.

☐ Please notify me of upcoming events.

Membership is good for one year and can be renewed each year.

Complete the membership by delivering the form, with the fee, to the front desk of the library, or mail your form with check to **Friends of the Montclair Community Library (FMCL), 5049 Waterway Drive, Dumfries, VA 22025**. Make checks **payable to FMCL**.

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For general information, please email us at fmclcomm@gmail.com.

Signature: _____ Date: _____

Verified/Processed by: _____ Date: _____