

**FRIENDS OF THE VERNONIA PUBLIC LIBRARY**  
**701 Weed Ave.**  
**Vernonia, Oregon 97064**  
**503-429-1818**

**MEMBERSHIP FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_ **AMOUNT ENCLOSED:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**Type of Membership Dues: (renewable annually in January)**

Minimum: \$1.00 plus 2 hour's minimum of work in the Library

Individual: \$5.00

Family: \$10.00 (2 Votes per family membership - Voting age is 12 years old.)

**Make checks payable to:** Friends of the Vernonia Public Library

**Mailing Address:** Vernonia Public Library, 701 Weed Ave. Vernonia OR 97064

**I am interested in helping with the following committees (optional):**

Please Circle

Membership

Publicity and Public Relations

Book Sales

Fund Raising

Finance-Budget-Legal Matters

Endowments

Library Services

Miscellaneous

Volunteers Can Make a Real Difference

January 2010