



650 Main Street
Edmonds, WA 98020

EdmondsLibraryFriends.org

MEMBERSHIP FORM

Please print clearly and fill in completely

Name: _____

Address: _____

Phone: _____ E-mail: _____

Check one: Individual \$10 _____ Family \$15 _____

Multi-year option (multiply above amount by up-to 3 years) \$ _____

Optional tax-deductible charitable donation \$ _____

Business Sponsor \$100 (includes logo on website)

Name of Business: _____ Total Amount Paid: \$ _____

If you wish to volunteer with FEL, please check the items that appeal to you. Once notified, the appropriate FEL volunteer will contact you!

Annual Book Sale ____; Ongoing Book Sale ____; Membership ____; Programs ____;
Events ____; Communications/Social Media ____; As Needed ____.

Do you have other skills that may be useful to FEL? Please let us know!
