

**FRIENDS OF THE TRAPHILL BRANCH LIBRARY
MEMBERSHIP APPLICATION**

Name:

Address:

City, State:

Phone:

E-Mail Address:

Individual @ \$5 Family @ \$10 Patron @ \$25 or more

Yes! Contact me about volunteer opportunities!

Mail to:

**Friends of Traphill Branch Library
PO Box 113
Traphill NC 28685**

THANK YOU FOR YOUR SUPPORT!