



MEMBERSHIP FORM

Return with dues to:
109 West Moore Street
Southport NC 28461

Name _____ Phone _____

Address _____

City, State, Zip _____

Email _____

Individual \$10 Sponsor 50

Family 15 Benefactor 100

Patron 30

Lifetime Member \$250 or more

_____ Amount Enclosed

I am willing to help:

Be a Board Member

Book Sales/Shelving

Fund Raising

Library Volunteer

Refreshments

Other

Make checks payable to FOLSOI
Membership expires December 31, _____