



MEMBERSHIP FORM

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Primary Telephone: _____ Secondary Telephone: _____

MEMBERSHIP INFORMATION

Membership Level: _____

Amount: _____

Your membership gift will be used to support the library system or a branch of your choice.

Membership Levels

Individual: \$15

Family: \$25

Senior: \$10

Student: \$10

Donor: \$26 - \$99

Sponsor: \$100 - \$499

Patron: \$500+

Use my membership gift wherever needed most Use my membership gift at this branch:

Branch Choice: _____

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Friends of the Nashville Public Library
615 Church Street
Nashville, TN 37219

CONTACT

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