

## I want to be a member of the FOLD

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

### Membership Types

Student \_\_\_ \$2.00    Family/Organizational \_\_\_ \$10.00

Individual \_\_\_ \$5.00    Sponsoring Membership \_\_\_ \$25.00

Lifetime Membership \_\_\_ \$50.00

**Please check a membership type above.**

Please fill in the following information and send this form along with a check payable to the Friends of the Library Dinwiddie to

Betty Mayes—Treasurer FOLD  
P.O. Box 480  
Dinwiddie, Virginia 23841