



## Friends of St. Thomas Public Libraries

P.O. Box 308359

St. Thomas, VI 00803

Web: <http://www.fostpl.org>

Email: [helping@fostpl.org](mailto:helping@fostpl.org)

Twitter: fostpl

Facebook: Friends of St. Thomas Public Libraries

**Please retain this portion for your records.** MEMBERSHIP YEAR: JANUARY TO JANUARY

Date of Application:

Your name:

Membership type:

Junior (under 18): Free

Educators/Seniors: \$5

Individuals: \$10

Family: \$15

## Friends of St. Thomas Public Libraries

Membership Application

If you would like to also volunteer (please select all that apply)

<input type="checkbox"/> Summer Reading	<input type="checkbox"/> Events Planning	<b>ANNUAL DUES:</b> <input type="checkbox"/> Individual (\$10.00) <input type="checkbox"/> Educators/Seniors (\$5.00) <input type="checkbox"/> Family (\$15.00) <input type="checkbox"/> Junior (under 18) FREE
<input type="checkbox"/> Hospital Library Cart	<input type="checkbox"/> Membership	
<input type="checkbox"/> Day Care Literacy	<input type="checkbox"/> Board Member	
<input type="checkbox"/> Book Redistribution	<input type="checkbox"/> Board Officer	
<input type="checkbox"/> Student Volunteer	<input type="checkbox"/> Accountant	
<input type="checkbox"/> Library Volunteer	<input type="checkbox"/> Grant Writer	
<input type="checkbox"/> Read on the Green	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other:	

(PLEASE PRINT BELOW)

<b>DATE:</b>		
<b>NAME:</b>		
<b>MAILING ADDRESS:</b>		
<b>HOME PHONE :</b>	<b>WORK PHONE:</b>	<b>CELLULAR:</b>
<b>EMAIL:</b>		
<b>May we send you notices of meetings and activities by email?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Mail with dues to: FOSTPL ☞ P.O. Box 308359 ☞ St. Thomas, VI 00803