

Dues are  
tax  
deductible



---

# MEMBERSHIP

Valid 7/1/26 through 6/30/27

---

Name

---

Mailing Address

---

City

State

Zip

---

E-mail

Daytime Phone

I am interested in getting involved!

Book Shop  Book Sale  Board of Directors  Events

Please check appropriate box

\$25 - Individual

\$100 - Benefactor\*

\$50 - Family

\$250 - Conservator\*

\$75 - Patron

\$500 - Friends Champion\*

*\*Eligible for Membership Gift Voucher*

\$ Other \_\_\_\_\_

*Please consider an  
additional \$26 to help us  
meet our 2026-27 goal!*

Checks payable to: Friends of Lewes Public Library

OR

Bill my credit card in the amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Security Code \_\_\_\_\_