

## MEMBERSHIP APPLICATION FORM

NAME

ADDRESS

CITY

STATE

ZIP

Phone

## MEMBERSHIP LEVEL

☐FRIEND  
\$50☐MEMBER  
\$100☐BULLDOG  
\$150☐PATRON  
\$250☐BUSINESS MEMBER  
\$500

PLEASE PRINT AND SEND THIS FORM WITH YOUR CHECK TO:

**LIBRARY FRIENDS**  
**171 MOULTRIE STREET**  
**THE CITADEL**  
**CHARLESTON, SC 29409**