



FRIENDS of the Gillespie Library Membership Form



Name _____

Address _____

Phone _____

Cell Phone (if applicable) _____

Email (if applicable) _____

Do you have a valid Gillespie Library card? Yes No

Please indicate your primary interests:

Fundraising

Making Decisions

Children's Programs

Adult Programs

Grant writing

Other: _____

**Please feel free to attend the FRIENDS meetings every 4th Monday 6:30 of every month except December and May.
The meetings are open to the public.
Our email: friendsoflibrary@hotmail.com**