

# CAMPBELL COUNTY FRIENDS OF THE LIBRARY

Membership Year \_\_\_\_\_



**Friend-raising since 2015**  
 2101 S. 4-J Rd • Gillette, WY 82718  
 p (307) 682-3223  
 e [friendsccpls@gmail.com](mailto:friendsccpls@gmail.com)

Paypal.me/  
ccplsfol



## MEMBERSHIP APPLICATION

Indicate your membership level by marking an X

<b>INDIVIDUAL MEMBERSHIP</b>	<b>\$25</b>	<input type="checkbox"/>	
<b>HOUSEHOLD MEMBERSHIP</b>	<b>\$40</b>	<input type="checkbox"/>	Household Names
<b>BUSINESS MEMBERSHIP</b>	<b>\$100</b>	<input type="checkbox"/>	Business Contacts
<b>CORPORATE MEMBERSHIP</b>	<b>\$200</b>	<input type="checkbox"/>	Corporate Contacts
<b>LIFETIME INDIVIDUAL MEMBERSHIP</b>	<b>\$250</b>	<input type="checkbox"/>	
<b>LIFETIME HOUSEHOLD MEMBERSHIP</b>	<b>\$400</b>	<input type="checkbox"/>	Household Names
<b>LIFETIME BUSINESS MEMBERSHIP</b>	<b>\$1000</b>	<input type="checkbox"/>	Business Contacts
<b>LIFETIME CORPORATE MEMBERSHIP</b>	<b>\$2000</b>	<input type="checkbox"/>	Corporate Contacts

Are you an existing member? \_\_\_\_\_ Is this a gift? \_\_\_\_\_

If this is a gift, please provide the name of the intended recipient: \_\_\_\_\_

Contact Information: Library Card # if known \_\_\_\_\_

(If this is a gift fill in highlighted boxes, otherwise fill in all boxes unless otherwise noted)

<b>Application Date</b>	<b>Are you interested in volunteering</b>
<b>Primary Contact (First, Last)</b>	
<b>Business/Corporation Name (Only business and corporate memberships)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	<b>Cell Number</b>
<b>Email Address</b>	