

PALS Membership Form
(Patrons of Apalachicola Library Society)

I/We want to support the Apalachicola Margaret Key Library and become a member of PALS.

Name(s) _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Date _____
Email Address** _____

****Email addresses will be used for communications from the library about upcoming events and quarterly newsletter**

Family \$40.00 (annual membership) Individual \$25.00 (annual membership/)

Family \$110 (3 year membership) Individual \$70.00 (3 year membership)

I am willing to volunteer at the library and/or during special events. Please have the volunteer coordinator contact me at _____

Please mail application and check to:

**PALS, Treasurer Lowell Thomas,
PO Box 293
Apalachicola, FL 32329 or drop it off at the library.**

I do not want to become a member of PALS at this time, but I would like to make a donation to the Library of _____