

*The Friends of the Prescott Valley Public Library*

I would like to participate in The Friends of the Prescott Valley Library. Please enroll (or re-enroll) me as a member.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

**New**

**Renewal**

Individual \$5.00/year     Family \$10.00/year     Lifetime \$100.00

I would like to help The Friends with:     Book Sales     Other

**Please bring** this form and your *tax-deductible* membership dues for The Friends of the Prescott Valley Public Library to the circulation desk **or mail to:**

Friends of the Prescott Valley Public Library  
7401 E Civic Circle  
Prescott Valley, AZ 86314