

**Friends of the Fairview Library**  
**MEMBERSHIP APPLICATION**



Please return form in person or by mail to:

**Friends of the Library**  
Fairview Public Library  
2240 Fairview Blvd  
Fairview, Tennessee 37062

Membership: \$10

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

I am interested in participating as an active member of the Friends of the Library. Please contact me and let me know how I can help.