

• Friends of the Suffolk Public Library • Membership Form •

The Friends of Suffolk Public Library (FOSL) supports the Suffolk Public Library by funding the Community Engagement Budget. The book store is open every Saturday from 9 am to 1 pm and the first Friday and Saturday of each month from 10 am until 4 pm.

Volunteers gather on Wednesday morning and during the sales to organize the store and socialize. Members staff the store on sale days and promote the Friends during library events.

Membership dues defray the cost of paper, printing, and postage for mailings. Dues are collected with this application and at the Annual Meeting in April. Any combination of dues collected that equal \$50 will convey a Lifetime membership.

Annual Membership Dues: Individual \$5.00, Family \$15.00, Lifetime \$50.00, Student Volunteer \$0	
Name:	
Address:	
City, State, ZIP:	
Phone:	
Email:	
Emergency Contact:	
<i>Thank you for being a Friend!</i>	

Waiver and Release

In consideration of being permitted to participate in any way as a volunteer of the Friends of the Suffolk Public Library, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge FOSL, its members, officers, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation as a volunteer for the Friends of the Suffolk Public Library.

Indemnification

I shall indemnify and hold harmless the Friends of the Suffolk Public Library, its members, officers, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives while participating as a volunteer for the Friends of the Suffolk Public Library.

I agree to the above statements.

Volunteer Signature: _____ Date: _____

Parent Name Print & Signature: _____ Date: _____
 (for volunteers younger than 18 years of age)

Staff Use Only: Date Received _____ Receiving Member _____ Amount Paid _____

Cash ___ Credit ___ Check ___ # _____ Student Volunteer ___ (non member, not added to membership roster)

Mailchimp ___ Roster ___ Google Contacts ___ Form in Google Drive ___