

**ST. MARY'S COUNTY
FRIENDS OF THE LIBRARY
(FOL) BOARD APPLICATION**

Date _____

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Why are you interested in becoming a member of the FOL?

Special talents, skills, profession: _____

As a member of the FOL Board your volunteering is valued and necessary.

Please mark areas in which you would like to serve or help now or in the future:

___Membership

___Newsletter

___Book Sale