



Friends Membership Form

*Required

Name*: _____

Address*: _____
Street

City

State

Zip

Email*: _____

Telephone*: _____

Membership*: New Membership (Jan-Dec) Renewal

You may contact me for volunteer opportunities:

Email

Telephone

Mail

I do/do not grant my permission to the Friends of the CDL to use my name in online or printed materials. (We would like to acknowledge your membership)*

I do grant permission

I do not grant permission

Comments: