

# Friends of Library Access, Inc

## Application and Renewal Form

**Please complete this form and return it along with your check(s) to:**

Friends of Library Access, Inc.  
P.O. Box 10716  
Daytona Beach, FL, 32120-0716

<b>First Name</b>	<b>Last Name</b>	<b>Date</b>
<b>Street Address</b>		<b>Apartment Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Work Phone</b>	
<b>Are you a patron of the Braille and Talking Book Library?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "yes" what is your disability?</b>		
<b>What is your Reader Number?</b>		
<b>F.L.A. Membership Selection:</b> <input type="checkbox"/> Annual renewal (\$10.00 per year) <input type="checkbox"/> Contributing Member (\$50.00 or more per year) <input type="checkbox"/> Life Member (\$200.00) <input type="checkbox"/> Supporting Membership (\$250.00 per year group sponsorship)		
<b>I am interested in helping with (check all that apply):</b> <input type="checkbox"/> F.L.A. Board of Trustees <input type="checkbox"/> Fund Raising <input type="checkbox"/> Public Relations / Education		