

FRIENDS OF THE ALPINE PUBLIC LIBRARY

Fact Sheet

Who We Are

- We are a nonprofit group of citizens who believe that any community is a better place in which to live if that community has a first-rate library.

What We Do

- We act in cooperation with the Alpine Public Library's director and Board of Directors and serve as liaison between the community and the library.
- We create public support for and awareness of the Alpine Public Library by supporting children's programs, homebound-patrons services, workshops, staff training, equipment purchases, building repairs and renovations, landscaping, and special purchases.

When We Meet

- Noon on the Tuesday before the second Thursday of each month in the library's Southwest Room.

What the Library Can Do for You

- Give you an outlet where you can use your special skills and talents
- Provide public-access computers
- Make your long drives in West Texas less boring
- Teach your children that libraries are fun
- Help you with genealogical research
- Make the local newspapers available
- Sell you inexpensive fiction and nonfiction
- Make Alpine, your town, a better place to live

What You Can Do for the Library

- Shelve/catalog
- Weed the collection
- Help create programming for youths and adults
- Staff the bookstore
- Help with public relations for the library
- Help maintain and renovate the library buildings and grounds
- Serve on committees
- Donate to the building fund for the new Alpine Public Library
- HELP THE FRIENDS HELP THE LIBRARY. JOIN TODAY!

**Alpine Public Library
203 N. 7th Street
Alpine TX 79830
(432) 837-2621
alpinepl@sbcglobal.net**

<http://www.alpinepubliclibrary.org>

FRIENDS OF THE ALPINE PUBLIC LIBRARY

MEMBERSHIP FORM

Please fill out this form and send to **Membership, FAPL, 203 N. 7th, Alpine TX 79830.**

- Your tax-deductible dues may be paid with check or money order (payable to Friends of the Alpine Public Library), credit card, or debit card. **Dues support the ongoing operations and programs of the library.**

Your personal information will not be shared with any other organization.

Last Name: _____ First Name(s): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail (saves us postage): _____

Membership Type (calendar year)

Senior (65+)/Student—\$10.00 Individual—\$20.00 Family—\$25.00 Business—\$50.00

Patron—\$100+ \$_____ Other \$_____ Additional donation \$_____

Payment Options

Please select payment type: Check/money order (enc.) Visa MasterCard Debit

Credit/Debit Card #: _____ Expiration Date: _____

Name of Cardholder (exactly as it appears on card): _____

Cardholder Billing Address: _____

Signature: _____ Date: _____

I agree to pay above total amount according to card issuer agreement and I acknowledge all charges to be final unless duplicate payment is made.

You may make payment by credit or debit card at the library if you prefer.

