

Friends of the Library membership form

Name: _____ Phone: _____

Address: _____ Date: _____

City, State, Zip: _____

Type of Membership:

Individual \$5 _____ Family \$9 _____

New Membership _____ Renewal _____

I wish to make an additional contribution of \$ _____ to the Friends.
(Your contribution is tax deductible within the limits of the law.)

I am interested in the following volunteer activities:

Moving books _____

Sorting books _____

Newsletter _____

Selling books _____

Making phone calls _____

Serving as an officer _____

Publicity _____

Please mail form to: Friends of the Library
c/o Membership Chair
419 W. Main St.
Troy, OH 45373

Membership runs from
January 1-December 31.