

FRIENDS OF THE JACOB EDWARDS LIBRARY
MEMBERSHIP APPLICATION

Name(s): _____

Address: _____

Town: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ E-mail: _____ @ _____

MEMBERSHIP:

I would like to become a Friend of the Jacob Edwards Library.

Senior 62+ - \$5.00

Individual - \$10

Family - \$20.00

Patron - \$25.00

Life Member - \$500

I do not wish to become an active member at this time, but I would like to make a donation.

Amount \$ _____ In Memory of _____

ACTIVITIES:

I would like to be notified for the following volunteer opportunities:

Book Sales

Assistance at Children's Department programs

Newsletter

Assistance at Adult Services programs

Fundraisers

Friends sponsored projects at the Library

Please complete this form and present to the Information Desk on the Main Level or mail to the following address:

Friends of the Jacob Edwards Library, 236 Main Street, Southbridge, MA 01550