

Be Part of the Friends of the Library!

New Member _____ **Renewal** _____ **Date** ____/____/____

(Memberships expire annually unless you become a lifetime member)

Name _____

Address _____

HomePhone _____ CellPhone _____

Permission to send text messages Yes _____ No _____

Email _____

Are you Available to Volunteer at Events? Yes ___ No ___

Desired Membership Level (Please circle your choice)

(All membership levels receive a DISCOUNT on Friends programs and trips)

Individual \$ 10 Family \$15 # Adults _____ **# Children** _____

Please list all first names residing in household

Individual Lifetime \$150 Your name will be engraved on a Lifetime Membership Plaque

Optional Donation to Friends Scholarship Fund \$ _____ **Thank You!**

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Total Remitted today: \$ _____ Cash or Check # _____

Detach for Your Records if desired

Please follow the Friends on Facebook at Friends of the West Babylon Public Library.