

Be Part of the Friends of the Library

New Member____ Renewal____ Date__/__/____
(Memberships expire annually unless you become a lifetime member.)

Name_____

Address_____

Home Phone_____ Cell Phone_____

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!

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.*