

## Friends of the Library Membership Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### 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 West Main Street  
Troy, OH 45373

Membership runs from  
January 1-December 31.