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.