



Friends of the Meriden Public Library

Membership Application

NAME (please print): _____

Additional Names (list others in household covered by this membership):

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

\$100.00 (or more) CORPORATE

\$100.00 (or more) BENEFACTOR \$15.00 INDIVIDUAL

\$40.00 PATRON \$25.00 FAMILY \$7.00 SENIOR CITIZEN

I WISH TO MAKE AN ADDITIONAL DONATION

VOLUNTEER OPPORTUNITIES

Indicate areas of interest - check as many areas as you desire

Library Advocacy

Book Sorting

Internet Sales

Newsletter

Book Sale

Daffodil Festival

Membership

Bookstore

Website

Mailing/Clerical

Book Transportation

Any Area Where Needed

Publicity

Please make check payable to: Friends of the Library (FOTL)

Return to: Friends of the Meriden Public Library, 105 Miller St., Meriden, CT 06450

Questions? Call 203-639-1505

In order to maximize the effect of your membership funds, we will not be providing membership cards; your cancelled check will be your proof of membership.

Thank you!