

Application for Membership

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail Address _____

Type of Membership (All are tax deductible) New ____ Renewal ____

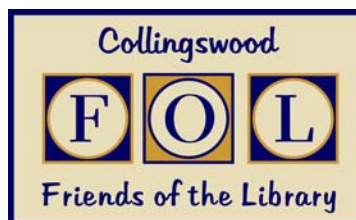
Friend:	_____ Sr. Citizen or Student (\$10)	Patron	_____ (\$50)
	_____ Individual (\$15)	Associate	_____ (\$100)
	_____ Family or Business (\$25)	Benefactor	_____ (\$250)
		Other	_____ (\$_____)

Make checks payable and mail to:
(or drop off membership form at
the Circulation Desk)

Collingswood Friends of the Library
Collingswood Public Library
771 Haddon Ave.
Collingswood, NJ 08108

_____ I am interested in serving on the Board of the Friends of the Library. Friends meet on the Second Monday of the month at 7 pm in the Director's office.

_____ I am interested in occasionally volunteering at the library.



Reading is to the mind what exercise is to the body. – Joseph Addison