

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)

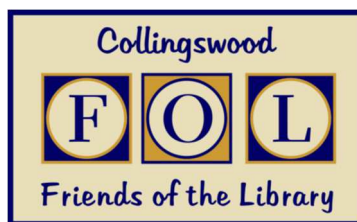
Collingswood Friends of the Library
Collingswood Public Library
771 Haddon Ave.
Collingswood, NJ 08108

Or you may now donate thru PayPal. Go to the library's home page, www.collingswoodlib.org, select the **Friends** button and underneath the FOL logo is a **Donate** button that will direct you to PayPal.

Thank you for supporting Friends of the Library.

_____ I am interested in serving on the Board of the Friends of the Library. Friends meet on the Second Monday of the month at 6 pm in the Director's office.

_____ I am interested in occasionally volunteering at the library.



May 2018