



Friends of the Meriden Public Library

Membership / Renewal 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: _____ Cell Phone: _____

\$100.00 (or more) - CORPORATE \$100.00 (or more) - BENEFACTOR

\$40.00 - PATRON \$10.00 - BASIC

I WISH TO DONATE TO THE WORLD WAR II HOLOCAUST FUND:

AMOUNT: _____

I WISH TO DONATE TO LIBRARY PROGRAMMING:

AMOUNT: _____

I WISH TO MAKE AN ADDITIONAL DONATION:

AMOUNT: _____

VOLUNTEER OPPORTUNITIES

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

_____ Library Advocacy _____ Book Sorting _____ Internet Sales _____ Newsletter

_____ Membership _____ Bookstore _____ Any Area Where Needed

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

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

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!