

Join the Friends!

Membership Application
January 1 through December 31

Date _____ Membership Year _____

_____ **Renewing** ____ **New Membership**

Yes, I would love to bake! _____
(Spring and Fall Bake Sales) Please contact me by
phone _____ e-mail _____

NAME _____

Street Address

City *State* *Zip*

Daytime Phone: _____

Evening Phone: _____

E-MAIL _____

_____ **INDIVIDUAL Membership \$10**
Harborfields Resident

_____ **OUT OF DISTRICT Membership \$25**

_____ **FAMILY \$20**
Harborfields Resident Membership

_____ **SPONSOR Membership \$30***
*Includes Friends tote bag

Please make checks payable to:
Friends of the Harborfields Public Library
Mail to: **Friends Membership**
c/o Harborfields Public Library
31 Broadway, Greenlawn, NY 11740

Most Friends of the Library meetings are on the first Monday of each month at 7:30 PM. Check the newsletter for exact dates. All welcome!