

# MEMBERSHIP FORM

Please complete and print the Membership Form. Mail it or drop it off at the Library, with your **tax-deductible** contribution (make checks payable to **Friends of the Brimfield Public Library**.)

Friends of the Brimfield Public Library, P.O. Box 163, Brimfield, Ma, 01010

Please print clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_ New      \_\_\_\_ Renewal

\_\_\_\_ Junior Friend \$5      \_\_\_\_ Friend \$10

\_\_\_\_ Sponsor \$15      \_\_\_\_ Family \$25

\_\_\_\_ Patron \$50      \_\_\_\_ Sustaining \$100

\_\_\_\_ Other \$\_\_\_\_\_

May we contact you for your help with the Book and bake Sale?    \_\_\_\_ Yes    \_\_\_\_ No

Please add any suggestions you have for the library. How can we better meet your needs?

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