

Friends of Farnsworth Library Application

Annual membership options:

___ \$5 single membership

___ \$10 family membership

___ New membership

___ Renewing membership

Make checks payable to: Friends of Farnsworth Library

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

I am interested in assisting with the following fundraising activities (please check all that apply):

___ Book Sales

___ Bake Sales

___ Other: _____

Please return with cash or check to Farnsworth Public Library.