

FRIENDS OF THE BRUNSWICK LIBRARY

Membership Form

Yes! I want to be part of the Brunswick Public Library's bright future!

Name: _____
Address: _____
City: _____
State _____ ZIP: _____
Phone: _____
Email: _____
Today's Date: _____
Amount Paid: _____

Please make checks payable to:

Friends of the Brunswick Library
915 North Maple Avenue
Brunswick, MD 21716

Annual Dues:

_____ Student/Senior	\$5
_____ Individual	\$10
_____ Family	\$20
_____ Patron	\$50
_____ Corporate	\$100+

Check the areas where you wish to volunteer on the following existing committees:

- | | |
|---|--|
| <input type="checkbox"/> Friends' Board | <input type="checkbox"/> Public Relations/Programs |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Finance/Fundraising |
| <input type="checkbox"/> Other: _____ | |