

# 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: \_\_\_\_\_

Please make checks payable to:

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

Lifetime membership: **\$20**

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: _____   |  |