



Friends of the Meriden Public Library

Membership Application

Please utilize this form to apply for membership to the Friends of the Meriden Public Library.

Name: _____

Additional Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Membership Level: Benefactor - \$100 (or more) Individual - \$10.00
 Patron - \$40.00 Senior - \$5.00
 Family - \$20.00 Corporate - \$100.00+

Volunteer Opportunities: Library Advocacy Book Sorting
 Newsletter Daffodil Festival
 Membership TV Program
 Mailing/Clerical Publicity and Advertising
 Book Sale Any Area Where Needed
 Book Store Internet Sales
 Book Transportation

Return this completed form, along with your membership dues, to:
The Friends of the Meriden Public Library
1 Colony Street
Meriden, CT 06451

Please make checks payable to *Friends of the Meriden Public Library*.