

Stevens Memorial Library Membership Form

Yes, I would like to be a FRIEND of STEVENS MEMORIAL LIBRARY!

ANNUAL MEMBERSHIP

July 1 - June 30

Senior Citizen 65+	\$2
Individual	\$10
Family	\$20
Patron	\$30
Business	\$50
Corporate	\$100

Enclosed is my \$_____ for annual membership.

This is a () new membership () renewal

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

Please make checks payable to: Friends of Stevens Memorial Library

Mail to: Friends of Stevens Memorial Library, PO Box 285, Ashburnham, MA 01430

WE APPRECIATE YOUR SUPPORT!