

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!