

Membership

Date: _____

Name: _____

Address: _____

Phone number: _____ Email address: _____

If you would like to receive information about Friends of the Library activities, including the newsletter, please include your email address

_____ I am interested in serving on the Friends of the Library Committee

Membership Categories:

_____ Benefactor	\$100	_____ Family	\$15
_____ Special Friend	\$50	_____ Individual	\$10
_____ Donor	\$25	_____ Student	\$5

Please make checks payable to "Friends of the Library"

Checks & forms can be dropped off at the library or mailed to Friends of the DuBois Public Library, 31 S. Brady Street, DuBois PA 15801