



MERIDEN PUBLIC LIBRARY

Friends of the Meriden Public Library

Membership / Renewal Application / Donation

Name (Please Print): _____

Additional Names (List others in household covered by this membership):

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

MEMBERSHIP LEVELS (Must select 1 level)

() \$100.00 (or more) – **Corporate**

() \$100.00 (or more) – **Benefactor**

() \$40.00 – **Patron**

() \$10.00 – **Basic**

DONATIONS

() I wish to make a donation to the WORLD WAR II HOLOCAUST FUND:

Amount: _____

() I wish to make a donation to PROVIDE PROGRAMS:

Amount: _____

() I wish to make an ADDITIONAL DONATION:

Amount: _____

VOLUNTEER OPPORTUNITIES

Indicate areas of interest – Check as many areas as you desire

___ Library Advocacy

___ Bookstore

___ Internet Sales

___ Newsletter

___ Membership

___ Book sorting

___ Any area where needed

Please make checks payable to: Friends of the Library (FOTL)

Return to: Friends of the Meriden Public Library, 105 Miller St., Meriden, CT 06450

In order to maximize the effect of your membership funds, we will not be providing membership cards – your cancelled check will be proof of your membership.

Thank you!