



# Friends of the Meriden Public Library

## Membership / Renewal Application

NAME (please print): \_\_\_\_\_

Additional Names (list others in household covered by this membership):  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cellphone: \_\_\_\_\_

\$100.00 (or more) CORPORATE       \$100.00 (or more) BENEFACTOR

\$40.00 PATRON     \$10.00 BASIC

I WISH TO MAKE A DONATION TO THE WORLD WAR II HOLOCAUST FUND  
AMOUNT: \_\_\_\_\_

I WISH TO MAKE A DONATION TO THE LIBRARY BUILDING FUND  
AMOUNT: \_\_\_\_\_

I WISH TO MAKE AN ADDITIONAL DONATION  
AMOUNT: \_\_\_\_\_

### VOLUNTEER OPPORTUNITIES

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

<input type="checkbox"/> Library Advocacy	<input type="checkbox"/> Book Sorting	<input type="checkbox"/> Internet Sales
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Membership	<input type="checkbox"/> Bookstore
<input type="checkbox"/> Any Area Where Needed		<input type="checkbox"/> Publicity

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

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

Questions? Call the Bookstore (203) 639-1505. In order to maximize the effect of your membership funds, we will not be providing membership cards; your cancelled check will be your proof of membership.

Thank you!