Friends of the Englewood Library

Membership Form

Name ________________________________________________________________

Address ________________________________________________________________

Email ___________________________________________________________________

Phone ___________________________________________________________________

Type of Membership

________ New  _______ Renewal

MEMBERSHIP DUES

Individual $10 _______ Family $25 _______ Sponsor $50 _______

Patron/Corporate $100 and up _______

________ I would like to help the Library/Friends as a volunteer.

Checks may be made payable to the Friends of the Englewood Library.
All contributions are tax deductible.

________________________________________
Signature

________________________________________
Date

Please print out and mail this form to:

Friends of the Englewood Library
PO Box 189
Englewood, NJ 07631