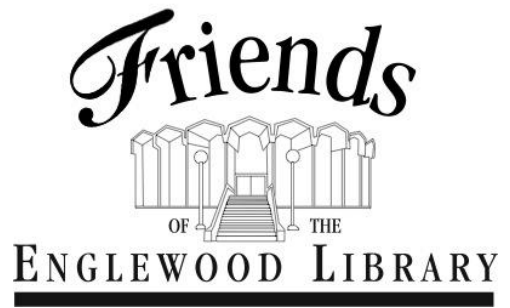


Friends of the Englewood Library
Membership Form



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