



**Friends of the
EDWARDS PUBLIC LIBRARY**

Annual Membership Form

___ Please enroll me as a new Friend of the Edwards Public Library.

___ Please renew my membership.

___ I wish to make an additional donation of \$_____ in memory of or in honor of (birthday, anniversary, retirement)

Name _____

Street Address or P.O. Box _____

Town/State/Zip _____

Phone (day) _____

Phone (evening) _____

Email address _____

- ___ Student - \$10
- ___ Individual - \$15
- ___ Sr. Citizen - \$10
- ___ Family - \$35
- ___ Associate - \$50
- ___ Sustaining - \$100
- ___ Patron - \$500

Please make out checks to the **Friends of the Edwards Public Library**. Send to:
Friends
c/o Edwards Public Library
30 East St.
Southampton, MA 01073
or drop off at the Library. **Thank you!**