Join the Friends!

Membership Application
January 1 through December 31

Date_____ Membership Year _____

_____**Renewing ___ New Membership**

Yes, I would love to bake! _____
(Spring and Fall Bake Sales) Please contact me by phone____e-mail____

NAME _____

_____
Street Address

_____
City *State* *Zip*

Daytime Phone:_____

Evening Phone: _____

E-MAIL_____

_____**INDIVIDUAL Membership $10**
Harborfields Resident

_____**OUT OF DISTRICT Membership $25**

_____**FAMILY $20**
Harborfields Resident Membership

_____**SPONSOR Membership $30***
*Includes Friends tote bag

Please make checks payable to:
Friends of the Harborfields Public Library
Mail to: **Friends Membership**
c/o Harborfields Public Library
31 Broadway, Greenlawn, NY 11740

Most Friends of the Library meetings are on the first Monday of each month at 7:30 PM. Check the newsletter for exact dates. All welcome!