

January through December 20 _____

Friends of the Harborfields Public Library Annual Membership Application

Date _____

Name _____

Address _____

Street

City

State

Zip

Daytime Phone: _____ Evening Phone: _____

E-mail _____

Renewing Member _____ New Member _____

_____ **SPONSOR \$35*** Includes Friends Tote Bag (Resident & Out of District)

_____ **FAMILY \$20** Harborfields Resident Membership (Required for Longest Table)

_____ **SENIOR \$10**..... Harborfields Senior Resident Membership

_____ **OUT OF DISTRICT \$25**.....

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

Or Join Online