

MEMBERSHIP APPLICATION/RENEWAL FRIENDS OF THE EDISON PUBLIC LIBRARY

Date _____

New Member _____ Were you referred by an existing Friend? _____

If so, who referred you? _____

Renewal _____ If you are renewing, please consider upgrading your membership.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ E-mail _____

Tax-Deductible Annual Membership Dues (circle one)

Student/Senior	\$ 5.00	Patron	\$ 25.00
Individual	\$10.00	Benefactor *	\$50.00
Family	\$20.00	Lifetime *	\$250.00

* Donations of \$50.00 or more are commemorated with a bookplate. Please indicate your area of interest _____

Please make checks payable to The Friends of the Edison Public Library.

Send your check and completed form to The Friends of the Edison Public Library, c/o C. Rose, 1202 Merrywood Drive, Edison, NJ 08817

VOLUNTEER OPPORTUNITIES FRIENDS OF THE EDISON PUBLIC LIBRARY

Yes, I'm interested in volunteering for the following (check any that apply):

- | | |
|---|---|
| <input type="checkbox"/> Help plan and run events. | <input type="checkbox"/> Staff information table at events. |
| <input type="checkbox"/> Help set up and break down events. | <input type="checkbox"/> Bake for programs and sales. |
| <input type="checkbox"/> Sort and categorize books for sales. | |

I prefer to be contacted by: Telephone _____ Best time to call _____

Email _____ (Make sure you have included an email address above.)