



**Membership
Application
for
Family Friends**

If you would like to join the Family Friends of the Billerica Public Library, please fill out this form and return it to the Library with your payment.

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Email: _____

Type of Membership / Annual Dues

_____ Individual / \$10.00

_____ Family / \$20.00

_____ Non-Resident Individual / \$15.00

_____ Non-Resident Family / \$30.00

_____ Sponsor (non-voting) / \$50.00

_____ Additional Contribution

In addition to your membership please check those events below in which you would like to volunteer:

_____ Book & Bake Sale

_____ Book Sorting

_____ Fundraising Meetings

_____ Ice Cream Sundae Night

_____ Membership Drive

_____ Donate Baked Goods

_____ Bottle & Can Drive

_____ Hot Dog Supper Night

_____ Other _____

Please make checks payable to: **Family Friends of the Billerica Public Library, Inc.**

Print and mail/deliver to:

Billerica Public Library

Attn: Family Friends

15 Concord Rd.

Billerica, MA 01821

Thank you for your support!