

Yes, I would like to join the **Friends of Somerville Public Library** for the 20____-20____ year. (The Friends of Somerville Public Library fiscal year runs July 1-June 30)

Today's date _____ (Check One) _____ New Member _____ Renewal _____
Please Print

Name	
	Membership Level
Address	*Corporate Benefactor- \$100 & UP
	*Benefactor- \$50
	Patron- \$25
	Friend- \$15
Telephone Number	Buddy- \$10
e-mail	Other-

*Donations made at the Benefactor level and above will have contributor's name appear on a plaque during the membership year.

ALL DONATIONS ARE TAX DEDUCTIBLE AND ELIGIBLE FOR MATCHING FUNDS THROUGH YOUR COMPANY'S CORPORATE MATCHING PROGRAM.

Make Checks Payable to: **Friends of Somerville Public Library**

Send Checks and Membership Forms to: Somerville Public Library
35 West End Avenue
Somerville, NJ 08876-1899
Attn: FOL

As a Friend of Somerville Public Library, I would be willing to serve on the following committees:

<input type="checkbox"/> BAKE SALE	<input type="checkbox"/> NEWSLETTER	<input type="checkbox"/> OTHER
<input type="checkbox"/> BOOK SALE	<input type="checkbox"/> PHOTOGRAPHY	Describe _____
<input type="checkbox"/> FUND RAISING	<input type="checkbox"/> PUBLICITY	_____
<input type="checkbox"/> MAILING	<input type="checkbox"/> SCRAPBOOK	_____
<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> TICKET SALES	_____

We are in need of **ACTIVE** support. Please attend our monthly meetings.