

FRIENDS OF SOUTHBOROUGH LIBRARY MEMBERSHIP FORM



I want to be a friend of the Southborough Public Library!

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Dues: _____ \$5.00

I would be willing to help for the :

Heritage Day Book Sale

Bake Cookies for Heritage Day

June Book Sale

I would be willing to help on an ongoing basis:

Membership

Bookstore (once a month)

General Fundraising

Be an officer

Newsletter

Please give the completed form to any member of the library staff or mail it to:

The Friends, c/o Southborough Library, 25 Main Street, Southborough, MA 01772