

Friends of the Boxborough Library Membership Application

The information collected is for communication purposes. We will not share member information.

Name: _____

Address: _____

Telephone: _____

Email: _____

Date: _____

New Member: Renewal:

Annual Dues (Received: _____):

\$5.00 Student Membership

\$15.00 Individual Membership

\$30.00 Family Membership

\$50, \$100, \$250... Contribution

I would like to help at the book sales.

I have a special interest/skill that I would like to share.

Please make checks payable to: "Friends of the Boxborough Library."

Return or mail form to: Sargent Memorial Library, 427 Mass Ave, Boxborough, MA, 01719

