

Friends of the Alden District Public Library (FOTL)

Annual Membership Dues

Name(s): _____ Phone: _____

Email address: _____

Street: _____ City: _____ State: __ Zip: _____

Winter address: from _____ to: _____ Phone: _____

Street: _____ City: _____ State: __ Zip: _____

New member: _____ Continuing member: _____

I/we are interested in volunteering for:

Fundraising: used book sales, raffles, silent auctions, etc.

Children's programs: reading and crafts with kids

Community events: speaker and film series, enrichment classes, etc.

Library work: shelving, weeding, covering and repairing books

A new activity suggestions: _____

Thank you for joining the Friends of the Alden District Public Library!

I have enclosed my \$15 annual family membership dues.

I also wish to donate \$_____

Total enclosed \$_____

Please make checks payable to FOTL, a 501c3 organization