

MEMBERSHIP APPLICATION

Thank you for joining or renewing membership with the Friends of the Agawam Public Library. Please provide the following information so that we can complete or update your membership. All member information is held for Friends use only.

MEMBER	NFORMATION (please print clear	чу):
	New membership	Renewal membership
Name:		
Organization	n:	
Street Addre	ess:	
City/State/Zi	ip:	
Email addre	ss:*	
Telephone:		
* For newsle	etters and occasional communication	s distributed electronically.
TYPE OF M	MEMBERSHIP (please check one)) :
	o is for a calendar year. New membe endar year. Annual membership lev	erships received after October 1 will be extended through els are:
	Individual - \$15	Family - \$20
Individual Seni (65 and over)	Individual Senior Citizen - \$10 (65 and over)	Organization/Business - \$50
	Senior Citizen Couple - \$15	Patron - \$75
	I enclose an additional contribution	of \$
		Program to which I have/will apply to increase I friendsapl@yahoo.com should you need additional Inplete your Program's application.)
MEMBERS	HIP FORM AND CHECK (payable	to Friends - APL) SUBMISSION:
By mail to:	Friends of the Agawam Public Lib P. O. Box 478 Feeding Hills, MA 01030-0478	prary
In person:	At the Information Desk in the Lib	orary.

Membership fees and contributions are tax-deductible, subject to IRS limits. The Friends of the Agawam Public Library is a 501(c)((3) charitable organization.