



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 INFORMATION (please print clearly):

New membership Renewal membership

Name: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Email address:* _____

Telephone: _____

* For newsletters and occasional communications distributed electronically.

TYPE OF MEMBERSHIP (please check one):

Membership is for a calendar year. New memberships received after October 1 will be extended through the next calendar year. Annual membership levels are:

Individual - \$15

Family - \$20

Individual Senior Citizen - \$10
(65 and over)

Organization/Business - \$50

Senior Citizen Couple - \$15

Patron - \$75

I enclose an additional contribution of \$_____.

My employer has a Matching Gifts Program to which I have/will apply to increase the value of my contribution. (Email friendsapl@yahoo.com should you need additional information about the Friends to complete your Program's application.)

MEMBERSHIP FORM AND CHECK (payable to Friends - APL) SUBMISSION:

By mail to: Friends of the Agawam Public Library
P. O. Box 478
Feeding Hills, MA 01030-0478

In person: At the Information Desk in the Library.

**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.**