

Friends of the Cranford Public Library
224 Walnut Avenue
Cranford, New Jersey 07016
MEMBERSHIP APPLICATION

Membership Levels

- | | |
|---|---------|
| <input type="checkbox"/> Individual | \$10.00 |
| <input type="checkbox"/> Family | \$15.00 |
| <input type="checkbox"/> Benefactor | \$25.00 |
| <input type="checkbox"/> Business | \$50.00 |
| <input type="checkbox"/> Student | \$5.00 |
| <input type="checkbox"/> Senior Citizen | \$5.00 |

Contributions in addition to dues are gladly accepted \$_____

Total amount enclosed: \$_____

- I will contact my company regarding a matching gift.

Please make your tax-deductible check payable to the ***Friends of the Cranford Public Library***. Drop your check and completed application at the main desk of the library, or mail it to the address listed above. Membership is good for one calendar year.

Name _____

Address _____

Telephone _____ Email _____

- Please contact me about opportunities to help with Friends activities.

Your membership in the Friends entitles you to receive copies of *The Reader*, the newsletter of the Cranford Public Library and the Friends of the Cranford Public Library, which is published six times a year.

We will send you the newsletter via email so please be sure we have your email address!

For those without email, there will be hard copies of the Reader on the Library front desk and on the bulletin boards in the vestibule, by the elevator, and in the Community Center for your reference.