

# Membership Application

Yes! I want to be a Friend of the Berlin Public Library.  New  Renewal  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

I wish to participate at the following level of membership:

\$10.00 Individual Membership

\$20.00 Family Membership

\$50.00 Sponsor

\$ Other

Please call me to help out with Friends events for the library.

Please make checks payable to The Friends of the Berlin Public Library and send to The Berlin Public Library, 23 Carter Street, Berlin, MA 01503.