

Friends of Cary Memorial Library, Inc. MEMBERSHIP APPLICATION

I/we would like to support the Friends of Cary Memorial Library, Inc.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail Address _____

_____ Individual Member \$15

_____ Corporate Member \$250

_____ Family Member \$25

_____ Life Membership \$500

_____ Patron \$75

_____ An Additional Contribution \$ _____

Enclosed is my/our check made payable to Friends of Cary Memorial Library, Inc. for \$ _____

NOTE: We are a tax-exempt organization.

_____ Call me/us for possible volunteer opportunities at the Cary Memorial Library

Your check may be mailed with this form to: Friends of Cary Memorial Library, Inc.

1874 Massachusetts Avenue, Lexington, MA 02420

Call us: 781-862-6288 x144

E-mail us: friends@carylibrary.org