

MEMBERSHIP FORM

SEPTEMBER \_\_\_\_\_ - SEPTEMBER \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

~~~~~Please check all that apply~~~~~

I prefer to be notified of meetings etc by email

I am available to assist with the Book Cellar Sales (Signup sheet in Book Cellar)

I would like to be involved and can help with other events

I do not want to be involved beyond paying dues this year

Enclosed is my membership contribution \$5.00

Enclosed is an additional contribution to Ossipee Public Library

~~~~~Please return this form with your annual contribution to the Ossipee Public Library or mail to:

Friends of Ossipee Public Library

PO Box 638, Center Ossipee, NH 03814

THANK YOU FOR YOUR SUPPORT!