



Membership Application
(Membership fees are tax deductible!)
(Please Print)

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Email: _____

(We don't share Email information)

Categories:

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Seniors (Ages 60+) | \$ 10 |
| <input type="checkbox"/> | Individuals (Ages 19 – 59) | \$ 15 |
| <input type="checkbox"/> | Family (members of same household) | \$ 25 |
| <input type="checkbox"/> | Patron/Business | \$ 50 |
| <input type="checkbox"/> | Individual Lifetime. | \$100 |
| <input type="checkbox"/> | Donation | \$_____ |

Members are welcome to attend all meetings of the Board of Directors.

To join, simply complete the application and write a check to:

FOELPL

Mail them to:

Friends of the East Longmeadow Public Library, Inc.
60 Center Square, Suite 2
East Longmeadow, MA 01028

Or go to our website and register online: <https://foelpl.wixsite.com/friendsellibrary>

Contact us at: foelpl@gmail.com

For Office Use Only:

Payment Received/ Date: _____

(Membership period is one year from payment date (except for Lifetime membership))