

Friends of the Cranford Public Library
P.O. Box 400
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. Applications received in October, November, or December will

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 can send you the newsletter via the U.S Post, via email, or by both methods. Sending only email copies saves both paper and the expense of postage; and money saved on postage means that much more money the Friends are able to contribute to the library. Please indicate below the manner in which you would like to receive *The Reader*. If one of your preferences is email, please be sure we have your email address!

Please send *The Reader* via:

Email U.S. Post Email *and* U.S. Post