

Thank you for your interest in the Friends!  
Please print and fill out. Thank you!

## **Become a Member**

Please complete this application, make checks payable and mail or deliver to:

**Friends of the Youngstown Free Library**  
240 Lockport Street  
Youngstown, NY 14174

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

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

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

E-mail: \_\_\_\_\_

### **Please check desired membership level:**

- Individual \$5       Family \$10  
 Supporting \$25       Other \$ \_\_\_\_\_

### **Payment method:**

- Cash       Check

### **May we contact you to help with various projects sponsored by the Friends?**

- Yes       No

### **I/We wish to volunteer to help with the following projects:**

- Book Sales       Mailings  
 Programs       Newsletters  
 Library Circulation Desk  
(computer experience necessary)  
 Other

**Thank you for your support!**