FRIENDS OF THE FREMONT LIBRARY
MEMBERSHIP APPLICATION

Name(s): _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Telephone _____

Email _____

Would you like to be called or emailed to help us with events?

_____

Would you be willing to serve on the Executive committee? _____

Membership:	**Individual**	**($10)**	_____
	Family	**($15)**	_____
	Corporation:	**($25)**	_____
	Additional Contribution		_____

Please make your check payable to FOFL or Friends of the Fremont Library

You may drop it off at the library or mail it to: **FOFL**
7 Jackie Bernier Drive
Fremont, NH 03044

Thank you for your support.