

Membership Form

I/We wish to join the *Friends of the Nevins Library*:

Name(s) _____

Address _____

Home Phone _____

Cell Phone _____ Date _____

Email _____

Membership Year – October through September

_____ \$20 Basic

_____ \$30 Family

_____ \$50 Sponsor

_____ Check here if you can VOLUNTEER at *Friend's* activities.

_____ Check here if you wish to receive the Library's electronic and our electronic reminders.

Make checks payable and mail to:

Friends of the Nevins Library
Nevins Memorial Library
305 Broadway
Methuen, MA 01844