

FRIENDS OF THE HALL MEMORIAL LIBRARY MEMBERSHIP FORM
P O Box 280 Ellington, CT 06029

NAME: _____

STREET: _____

CITY, TOWN, ZIP: _____

PHONE: _____

EMAIL: _____

We would like to communicate by email, so please supply address if you use email.

MEMBERSHIP: \$10 () \$25 () \$50 () \$100 () OTHER \$ _____

I am interested in assisting with: (check all that apply)

- Book Cellar Selling _____
- Book Cellar Sorting _____
- December Cookie Sale _____
- Bag Book Sales _____
- Special Events _____
- Board of Directors and/or Committees _____

THANK YOU