

Friends of the Hall Memorial Library
Membership Form

Name: _____

Address: _____

Town, State, Zip: _____

Phone: _____

Email: _____

Membership at a level of your choice:

\$10 _____ \$25 _____ \$50 _____ \$100 _____ Other \$ _____

Checks should be made payable to The Friends of the Hall Memorial Library

Are you interested in volunteering with the Friends? Choose all that apply.

Book Cellar Selling _____

Special Events _____

Book Cellar Sorting _____

Committees _____

Book Cellar Shelving _____

Board Member _____

The Friends of the Hall Memorial Library is a 501(c)(3) nonprofit charitable organization. Your gift is tax deductible.

Mail to: Friends of the Hall Memorial Library, PO Box 280, Ellington, CT 06029
or drop off at the Library.