

Friends of the Cambridge Library Membership Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

(NOTE: We value your privacy and will not share your email or contact information with anyone.)

Annual Memberships *the membership year runs from April 1 to March 31.

_____ Book Worm \$5.00

_____ Book Reader \$15.00

_____ Book Lover \$25.00

_____ Book Collector \$50.00

_____ Reserve List \$100.00+

_____ Please do not contact me regarding volunteer opportunities. This is a financial donation only.

If there is a project or committee with which you would like to become involved, jot it down and we will contact you!

All contributions of time or money are greatly appreciated.

To join the Friends, just print and complete form, then mail it with payment to:

Friends of the Library

P.O. Box 490

Cambridge, WI, 53523

Or drop it off at the library circulation desk. Questions? Call 423-3900.

We look forward to meeting you!
