

Friends of the Fall River Public Library

Membership Form

Individual - \$10

Couple - \$15

Contributing - \$25

Life - \$100 per person

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____ Email _____

Friends are encouraged to volunteer their time and talents. Please indicate your area of interest:

- As needed
- Book store/book sale
- Membership
- Programs/special events
- Publicity
- Refreshments for programs and events

All contributions are tax deductible. Please make checks payable to Friends of the Fall River Public Library, Inc. Return your payment with this form to:

Attn: Membership
Friends of the Fall River Public Library, Inc.
104 North Main Street
Fall River, MA 02720

Or you may drop the payment and form off at the library.