

# Friends of the Monroeville Public Library

## MEMBERSHIP APPLICATION

Individual donation (5\$)                      Family (\$11)                      Additional Donation \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)                      \_\_\_\_\_ (Cell)

E-Mail: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

*Cash or check accepted. Please make check payable to:  
Friends of the Monroeville Public Library*

**Thank you!**

The Friends of the Monroeville Public Library meet on the last Wednesday of the month at 4:30 PM.

I would like to serve on a committee to help raise funds for the Friends of the Library.

Yes \_\_\_\_\_ No \_\_\_\_\_

I am interested in being placed on a volunteer list for various projects throughout the year.

Yes \_\_\_\_\_ No \_\_\_\_\_

I would prefer to be contacted by: Phone \_\_\_\_\_ Email \_\_\_\_\_ Other \_\_\_\_\_

Please return application to: Friends of the Monroeville Public Library  
Monroe Public Library  
34 Monroe St.  
P.O. Box 276