

Friends of the Roaring Spring Community Library

Date: _____

Current Member _____ New Member _____

Were you referred by an existing Friend? _____ Who? _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Annual Membership (please indicate which applies):

_____ Student/Senior \$7.00 _____ Individual \$15.00 _____ Family \$20.00
_____ Lifetime \$100.00

If you would like to make a donation: Amount _____

If paying by check, please make checks payable to:

The Friends of the Roaring Spring Community Library

Bring or send your completed membership form and dues to:

**The Friends of the Roaring Spring Community Library
320 East Main Street, Roaring Spring, PA 16673**

If you would, take a moment and let us know if you are interested in volunteering to:

___ Help plan and staff events _____ Assist at book sales
___ Sort and categorize books for sales _____ Provide food, supplies, misc. items for events
___ Help set up and break down events
___ Help in the library

I prefer to be contacted by: ___ Telephone _____ E-mail

(Make sure you entered this information above.)

Last but not least – **Thank You! Thank You! Thank You!**