

Application for Membership
Friends of the Dover Public Library

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Type of Membership:

_____ Individual \$10.00

_____ Senior \$7.00

_____ Contributing \$ _____

_____ Business \$ _____

I am able to help with....

_____ Program planning

_____ Publicity

_____ Annual book sale

_____ Baking

_____ Special talents or services to offer: _____

_____ I am glad to support the Friends but wish to be an inactive member.

Please print and mail this application, along with a check, to the address below:

Dover Public Library
73 Locust St.
Dover, NH 03820