

Friends of the Trone Memorial Library Membership Application



Date _____

Contact Information

Name:	Phone:
Street Address:	
City, State, Zip:	
Email:	
<input type="checkbox"/> I would like to receive periodic emails from the Friends of the Trone Memorial Library	

Membership

Membership Level:	<input type="checkbox"/> Student, Senior, or Veteran	\$10	Paid By:	
	<input type="checkbox"/> Individual	\$20		Cash <input type="checkbox"/>
	<input type="checkbox"/> Household	\$35		Credit <input type="checkbox"/>
	<input type="checkbox"/> Business / Organization	\$50		Check <input type="checkbox"/>
Your membership includes a 20% discount at the Friends of the Trone Memorial Library bookstore.				

Volunteer Opportunities

I'm interested in the following:	<input type="checkbox"/> Attending monthly meetings	<input type="checkbox"/> Assisting with special events
	<input type="checkbox"/> Volunteering at the bookstore	<input type="checkbox"/> Serving on the Friends Board
	<input type="checkbox"/> Membership recruitment	<input type="checkbox"/> Marketing and Social Media
	<input type="checkbox"/> Assisting with thank you cards and other mailings	

Please mail your completed application with check payable to:
 Friends of the Trone Memorial Library
 P.O. Box 334
 East Berlin, PA 17316

Application may also be completed online:
www.adamslibrary.org/friends-trone-memorial-library

Questions? Email tronefriends@adamslibrary.org



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Trone Memorial Library**

friends-of-the-trone-memorial-library.square.site

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