



## Membership Form

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

Amount Paid: \_\_\_\_\_

Initials of Receiver: \_\_\_\_\_

\_\_\_ I want to **become** a member: \$10 annual dues

\_\_\_ I am **renewing** my membership: \$10.00 annual dues

\_\_\_ I would like to support the Friends of the Bradford Area Public Library with a contribution of \$\_\_\_\_\_

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

Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Completed form and check may be sent to:

Friends of the Bradford Area Public Library  
67 West Washington Street  
Bradford, PA 16701

***Thank you for your support!***