



Friends of the Library Membership Application

NAME

ADDRESS

POSTAL CODE

TELEPHONE

E-MAIL

I enclose my membership of \$10.00 (18 and younger \$5.00)

CASH CHEQUE

Please make cheques payable to

The Friends of the Library

I would like to help with:

- | | |
|---|--|
| <input type="checkbox"/> Art receptions | <input type="checkbox"/> Remembrance Day reception |
| <input type="checkbox"/> Author events | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Book sale activities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Membership services | <input type="checkbox"/> I prefer to be a silent supporter of The Friends of the Library |
| <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Phone committee | |

Please print this form and drop it by the Library or mail to:

Friends of the Library
1950 Marine Drive
West Vancouver, BC
V7V 1J8