

## Friends of the Boxborough Library Membership

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

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

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

Email\* \_\_\_\_\_

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

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• *So we can inform you of upcoming events. We will not share member information.*

\_\_\_\_ New Member    \_\_\_\_ Renewal

### Annual Dues

Date \_\_\_\_\_ -

\_\_\_\_ \$5.00 Student Membership

\_\_\_\_ \$15.00 Individual Membership

\_\_\_\_ \$30.00 Family Membership

\_\_\_\_ \$50, \$100, \$250,...

\_\_\_\_ I am interested in attending Friends' meetings.

\_\_\_\_ I would like to help at book sales

\_\_\_\_ I have a special interest/skill that I would like to share.



## We need you !

Please make checks payable to:  
"Friends of the Boxborough Library"

Return or mail to:  
Sargent Memorial Library  
427 Massachusetts Avenue  
Boxborough, MA 01719