

Friends of the Wiscasset Public Library Membership Application

Return this form to the Library Director or mail to: Friends of the Wiscasset Public Library, c/o Pamela Dunning, 21 High Street, Wiscasset, ME 04578, together with your annual dues (\$10).

NAME : _____

PHONE : _____

ADDRESS : _____

EMAIL ADDRESS: _____

The Friends publish an annual Member Directory for Friends' use only. May we share your contact information with the Friends group members? Please circle your preferences:

Name? YES / NO

Address? YES / NO

Phone? YES / NO

Email? YES / NO

If you would you like to be a Library volunteer, please check this box:

FOR OFFICE USE

Date rec'd: _____ Recorded: _____