

BRIDGEVILLE PUBLIC LIBRARY



Friends of the Bridgeville Library Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Choose Your Membership:

- | | |
|-------------------------------------|----------|
| <input type="checkbox"/> Individual | \$10.00 |
| <input type="checkbox"/> Family | \$20.00 |
| <input type="checkbox"/> Benefactor | \$50.00 |
| <input type="checkbox"/> Lifetime | \$250.00 |

Please mail this form along with your check or money order to:

Friends of the Bridgeville Library
600 S. Canon St.
Bridgeville, DE 19933

Or you may drop off at the circulation desk at the library.