

Friends of the Trumbull Library Membership Application

Name: _____
Address _____
Zip _____ Phone _____

Can we count on you to volunteer?
Yes _____ No _____

Type of Membership (Circle):
Family \$10 Supporting \$15 Senior/Student \$4 Patron \$25
Corporate: \$ _____ Life \$100

Please answer the following questions to help us know more about you and the services you are interested in.

Check one:
retired _____ student _____ other _____ work full-time _____ part-time _____

Your age: under-25 _____ 25-35 _____
35-45 _____ 45-55 _____ 55+ _____
Children(s) Age(s): _____

Library services most used or interested in :

Comments:

Mail to: Membership Committee
Friends of the Trumbull Library
33 Quality Street
Trumbull, CT 06611

Trumbull Library Become a Friend Today

FRIENDS OF TRUMBULL LIBRARY
33 Quality Street
Trumbull, CT 06611
TRUMBULLFRIENDS@HOTMAIL.COM