

Friends of the Robertson Memorial Library

PLEASE PRINT CLEARLY

NAME(S) _____

Child(ren) Name(s) and age(s) _____

Address _____ Zip _____

Email _____

I would like to help with:

___ donating supplies for events

___ serving as an officer

___ storytime reader

___ donating my time at events

___ book sale volunteer

___ Other _____

DUES: \$5 OR DONATION	\$ _____
CASH OR CHECK	RECEIVED BY: _____
RENEWAL NEW MEMBER	DATE: _____
Membership expires September 1st	

