Yes, I would like to support the Friends by becoming a member in the following category:

☐ Individual \$10
☐ Family \$25
☐ Sponsor \$50
☐ Patron \$100
☐ Benefactor \$500

Name Street City, State, Zip _____ Phone Email address

Please make check payable to **Friends of the John Curtis Free Library** and mail it with your completed application to 534 Hanover St., Hanover, MA 02339.

Membership is valid until December of the current year and renewable January 1 of the following year.

Yes, I am interested in donating my time. **D** Please contact me.