Friends of the Willimantic Public Library
Membership Form

Name: _____

Address: _____

Town: _____ Ct. Zip:_____

Phone: _____ Email:_____

I want to be : _____Individual Member $**10** _____ Family Member $**25**
_____ Student/Senior **$5** _____ Patron/Business **$50**

I also want to contribute $_____ to the Book Fund.
$_____ to the Program Fund.

Pay by check to: **Friends of the Willimantic Public Library, 905 Main Street**
Willimantic, CT 06226

Please help us further by joining us on:
_____ I want to be on the Programs Committee
_____ I want to be on the Fundraising Committee
_____ I want to serve on the Board of Directors

Please mail to:
Friends of the Willimantic Public Library
905 Main St, Willimantic, CT 06626

or drop off at the library with payment

or scan and email to willimanticlibfriends@gmail.com

Membership dues and donations can be mailed or made online at
https://www.willimanticlibrary.org/about-library/friends.shtml