



**Membership Form**

Today's Date \_\_\_\_\_

Date received by library staff \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email/Phone** (optional, to receive news of Friends activities): \_\_\_\_\_

Dues are \$10 per year. Make check payable to Friends of the Ayer Library, 26 East Main Street, Ayer MA 01432 and send with this form.

(Optional) I would like to make an additional donation of \_\_\_\_\_.

(Optional) I would like to help with (circle as many as you wish):

- Book Sales
- Events
- Publicity
- Fundraising
- Just contact me. I want to get involved!



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