



Friends of the Ridgefield Library Membership Application

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

MEMBERSHIP LEVELS:

- Senior Friend \$15
- Individual Friend \$20
- Family Friend \$35
- Good Friend \$50
- Best Friend \$100+
- I have included a matching gift form from my employer

Term of membership is one (1) year from the receipt of dues.

Please make checks payable to: **Friends of the Ridgefield Library**

Membership and contributions are tax-deductible.

INTERESTED IN VOLUNTEERING?

Check out the many volunteer opportunities below and let us know your interests!

Yes! – I would like to help with:

- Book Sales
- Serving on a Committee
- Photographing events
- Folk Concerts
- Volunteer-at-Large
- Special Events

Please contact friends@ridgefieldlibrary.org if you would like more information.

Forms may be dropped off at the Library circulation desk or mailed to:

Friends of the Ridgefield Library
472 Main Street
Ridgefield, CT 06877
Attn: FORL - Membership