



Membership Form

Membership is open to all. If you would like to join the Friends in helping to support the library, please complete the form below. Contributions to the Friends of the Mathews Memorial Library, Inc. are tax-deductible.

Make checks payable to: "Friends of the Mathews Memorial Library, Inc." and mail to P.O. Box 127, Mathews, VA, 23109-0127.

Date: _____

I want to Open/Renew my membership.

Remittance is enclosed to:

- Open my lifetime membership at \$50 per person.
- Open my annual membership at \$5 per person.
- Renew my annual membership at \$5 per person.

I want to help the Friends support the Library:

- Enclosed is my gift of \$_____
- Please contact me about a brick order.

I am interested in helping the Friends of the Library by:

- Working in the book store
- Serving on the board
- Volunteering in the library
- Helping with the newsletter
- Serving on a committee

Mr/Mrs/Ms: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____