

Membership Form

DATE: _____

Membership runs July 1st-June 30th.

Membership Levels

_____	Individual	\$10.00
_____	Family	\$20.00
_____	Benefactor	\$50.00
_____	Lifetime	\$250.00

Name(s) _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

**Please contact me about joining a
Committee:**

___ **Events** ___ **Publicity**

___ **Hospitality** ___ **Fundraiser!**

Your contribution is tax-deductible.

**Make checks payable to:
Friends of the Bridgeville Library**

**Mail to:
Friends of the Bridgeville Library
600 South Cannon Street
Bridgeville, DE 19933**