



*Friends of Charlton Public Library*  
508-248-0452

Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Annual Memberships:

\_\_\_\_\_ Individual Friend \$12      \_\_\_\_\_ Business Friend \$50

\_\_\_\_\_ Family Friend      \$20      \_\_\_\_\_ Other Contribution

\_\_\_\_\_ Yes, I am interested in receiving emails about future meetings and/or events

\_\_\_\_\_ No, I prefer to be a silent contributor.

Please make checks payable to *Friends of Charlton Public Library* and return it along with this application to the circulation desk or mail to:

*Friends of Charlton Public Library*  
40 Main St.  
Charlton, MA 01507