

Friends of the Town of Chester Library

Annual Membership - July 1, 2018 to June 30, 2019

Name(s) _____

Email _____

Local Address _____

Mailing Address _____

Home or Cell Phone _____

\$10 Individual _____ \$15 Household _____ \$25 Special Friend _____

Other Donation \$ _____

Interested in volunteering? Indicate where you might be willing to help:

_____ Book Sales _____ Farmers Market _____ Programs _____ Fund Raising

Please make your check payable to The Friends of the Library and mail it to:

Friends of the Library
PO Box 451
Chestertown, NY 12817

Thank You!