

MEMBERSHIP FORM

Friends of the Library

Northern Tier Regional Library

Name _____

Address _____

Address _____

Address _____

Phone # _____

Enclosed is my check or money order to Friends of the Library in the amount of \$ _____

I may be interested in helping with possible programs listed below (check as many as apply):

- * _____ local artist showings
- * _____ book discussion groups
- * _____ issue discussion groups
- * _____ local author / poetry readings
- * _____ gardening programs
- * _____ farmer's market
- * _____ cheese tasting program
- * _____ wine/beer tasting (adults only)
- * _____ music appreciation programs
- * _____ children's programs
- * _____ other - please describe