

**Friends of the Cedarville Community Library
Membership Application/Renewal**

- I (we) want to join the Friends of the Cedarville Community Library. Enclosed is \$5 per person, per year dues for ____ year(s).
- I (we) want to renew my (our) membership in the Friends of the Cedarville Community Library. Enclosed is \$5 per person, per year dues for ____ year(s).
- I (we) want to contribute an additional amount of \$ _____ to the Library Foundation as a tax-deductible donation.

My (our) preferred level of involvement:

- Please contact me (us) about helping with Friends projects.
- I (we) cannot actively participate, but want to support the library and the Friends

NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____ +4 _____

PHONE _____

E-MAIL _____

Please return with \$5 per person, per year dues and/or donation to:
Friends of the Cedarville Community Library
PO Box 26,
20 S. Miller St.
Cedarville OH 45314