

East Geauga Friends of the Library Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

- \$4.00 **Individual**
- \$5.00 **Family**
- \$2.00 **Senior Citizens and Students**

Make checks payable to:

**East Geauga Friends of the Library
P.O. Box 208
Middlefield, OH 44062**

I want to help the Middlefield Library grow and keep it a viable part of the community by:

- Helping to plan Friend's programs
- Working on book sales or other fund raising projects
- Helping to plan or take part in membership drives
- Volunteering at the library
- all of the above
- Yes**, I want to be contacted about volunteer opportunities.

I would like to see a program on:

I have a special talent or craft I would like to share, which is:

