

Friends of the Ridgefield Library Membership Application



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

MEMBERSHIP LEVELS:

Senior Friend	\$10
Individual Friend	\$15
Family Friend	\$25
Good Friend	\$50
Best Friend	\$100

I have included a matching gift form from my employer

Term of membership is one (1) year from the receipt of dues.

Please make checks payable to: **Friends of the Ridgefield Library**
Membership and contributions are tax-deductible.

INTERESTED IN VOLUNTEERING?

Check out the many volunteer opportunities below and then let us know your interests!

Yes! – I would like to help with:

Book Sales

Serving on a Committee

Photographing events

Folk Concerts

Volunteer-at-Large

Special Events

Please contact Ginny Canfield (friendsofridgefieldlibrary.org) if you would like more information.

Forms may be dropped off at the Library circulation desk or mailed to:

Friends of the Ridgefield Library
472 Main Street
Ridgefield, CT 06877
Attn: FORL - Membership