

## Friends of the Schenectady County Public Library Membership Form

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Membership & Contribution Amount** (please check one of the following).

Individual \_\_\_\_ \$10    Family \_\_\_\_ \$15    Contributing \_\_\_\_ \$25    Supporting \_\_\_\_ \$35    Patron \_\_\_\_ \$50-\$199

Benefactor \_\_\_\_ \$200+

I would like to receive the quarterly newsletter by email

I would like to receive renewal notices by email

**Volunteer Opportunities**

Book Sales \_\_\_\_    Bookstores \_\_\_\_    Sorting \_\_\_\_    Transporter \_\_\_\_    Online Sales \_\_\_\_

**Make checks payable to:** Friends of SCPL. **Mail to:** Treasurer, Friends of SCPL, 99 Clinton St, Schenectady, NY 12305