Join the Friends

Annual Membership Application

January 1, through December 31, _____

Date_____

_____**Renewing** ___ **New Membership**

NAME _____

_____
Street Address

_____
City *State* *Zip*

Daytime Phone:_____

Evening Phone:_____

E-MAIL_____
Would you like to receive your membership
confirmation by e-mail? Y / N

_____**SPONSOR Membership $35***
*Includes Friends tote bag

_____**FAMILY $20**
Harborfields Resident Membership
Minimum requirement for Longest Table registration eligibility

_____**INDIVIDUAL Harborfields**
Resident Membership $10

_____**OUT OF DISTRICT Membership $25**

Please make checks payable to:
Friends of the Harborfields Public Library
Mail to: **Friends Membership**
c/o Harborfields Public Library
31 Broadway, Greenlawn, NY 11740

Most Friends of the Library meetings are on the first Monday of each month at 7:30 PM. Check the newsletter for exact dates and times. All are welcome!