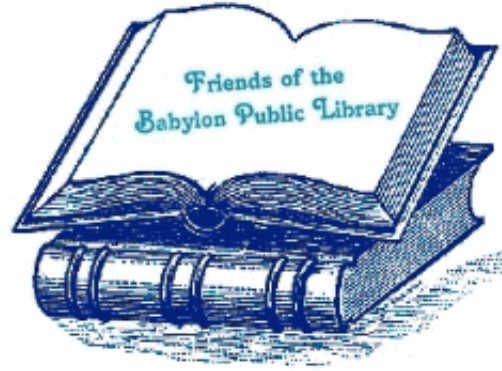


*Library Lovers who work together  
to enrich the Babylon community  
through the growth of library resources.*



\*\*\* Please print this page, fill it out and place it in the envelope with your membership check \*\*\*

## Friends of the Babylon Public Library MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

I enclose (check one):  \$ 5.00 Individual Membership  
 \$10.00 Family Membership  
 \$25.00 Corporate Membership

Please make checks payable to the "Friends of the Babylon Public Library" and mail to:

Babylon Public Library  
Attention: Friends  
24 South Carll Avenue  
Babylon, NY 11702

I will volunteer to work on the annual Book Sales: Yes  No

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