FRIENDS OF THE
WEST CALDWELL PUBLIC LIBRARY
MEMBERSHIP APPLICATION

_____Renewal
_____New Membership

Date: _____

Name: _____
Address: _____
Telephone:_____
E-mail: _____

_____Individual/Family $15.00 **_____Library Lover $25.00**
_____Bookworm $50.00 **_____Bibliophile $100.00**

_____YES, I want to volunteer some of my time to help the Friends support the Library.
_____YES, my employer has a matching grant program.

Please print this form and send with your contribution to:

Friends of the West CaldwelI Public Library
30 Clinton Road
West Caldwell, NJ 07006

The Friends of the West Caldwell Public Library is a non-profit 501(c)(3) organization. Your contributions are tax deductible.