

Friends of the Wantagh Library

Membership Application

Please accept my annual membership contribution:

\$5___ \$10___ \$25___ Other___

Name: Mr./Mrs./Ms. (Please Print)

Address: _____

Town: _____ **Zip:** _____

Telephone: _____

Email: _____

Amount Enclosed \$ _____

Please make checks payable to:

Friends of the Wantagh Public Library and mail to:

Wantagh Public Library

3285 Park Ave Wantagh, NY 11793

Attention: Friends of the Library

I would like to assist with the following:

_____ Fund Raising _____ Book Sales _____ Membership _____ Publicity