



MEMBERSHIP APPLICATION

The *Friends* are a group of people, businesses and community groups who are committed to maintaining a strong and vibrant Public Library System that includes a network of accessible neighbourhood branches. We believe services should be accessible to every member of our community.

Enclosed is my annual membership fee and/or donation.

- \$10.00 Individual Friend \$15.00 Family Friend
 \$ 7. 00 Staff - Current & Retired \$ 25.00 Community Friend
 \$ 50.00 Corporate Friend

I wish to make a donation of \$_____ Membership fees and donations are tax deductible.

Name:

Address

City:

Postal Code:

Telephone: (____)

Email Address

Please make your cheque payable to the **Friends of the Hamilton Public Library**

Mail to:

Friends of the Hamilton Public Library
55 York Boulevard Box 2700, LCD 1 Hamilton, ON L8N 4E4



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