



Membership Form

First Name

Last Name

Address

Town

State

Zip Code

Phone number: () _____

E-mail address: _____

** We do not share addresses and only send library related e-mails.**

How do you want to receive the Newsletter?

Mail

E-mail

Dues:

\$10.00 per household per year

_____ Additional donation (optional)

_____ **TOTAL**

Please make checks payable to: *Friends of the Mansfield Library, Inc.*

Mail to: Friends of the Mansfield Library
c/o Mansfield Public Library
54 Warrenville Road
Mansfield Center, CT 06250

Questions or comments:

FriendsOfTheMansfieldLibrary@gmail.com