



Friends of the Bellingham Public Library

____ New Membership

____ Annual Renewal*

**membership year runs January through December*

_____ Senior Membership (\$5.00/year)

_____ Good Friend (\$10.00/year)

_____ Family Friend (\$20.00/year)

_____ Devoted Friend (\$50.00/year)

_____ Best Friend (\$100.00/year)

_____ Additional donation: \$_____

Make check payable to: Friends of the Bellingham Public Library

Mail to: Friends of the Bellingham Public Library
210 Central Avenue, Bellingham WA 98225

Name(s)_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Email_____

Yes, please save a stamp and send the Friends' newsletter to me via Email.

Please indicate if you are interested in helping with:

_____ Book Sales _____ Hospitality

_____ Book Pick-up _____ Program Committee

_____ Other_____

Thank You!