



Friends of Warwick Library Membership Form

Name _____ Phone _____	
Street Address _____	
City _____, State _____ Zip _____	
e-mail address _____	
Type of membership	<input type="checkbox"/> individual \$5 <input type="checkbox"/> family \$10 <input type="checkbox"/> patron \$15
I would like to	<input type="checkbox"/> receive the library's e-newsletter <input type="checkbox"/> help with the booksale <input type="checkbox"/> help with the newsletter

Annual membership dues are \$5 for individuals, \$10 for families, and \$15 for patrons.

Mail to:

Membership Chairperson
Friends of the Warwick Public Library
600 Sandy Lane
Warwick, RI 02886