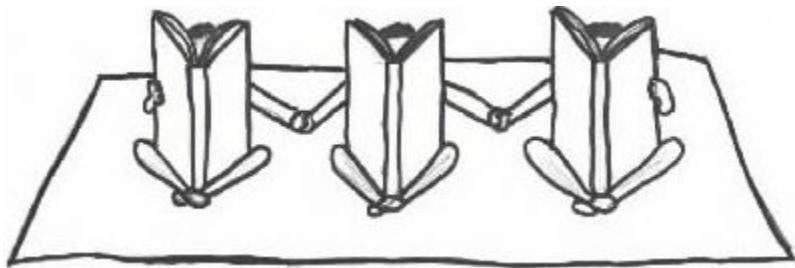


Friends of the Ransomville Free Library Membership Application



Name: _____

Address: _____

Phone: _____

Email: _____

Type of membership: Lifetime Sponsor Patron Supporter

Amount remitted: _____

**Please make check payable to:
Friends of the Ransomville Free Library**

Your check is tax deductible.

Please check if you are interested in helping with any of the following:

Programs/Activities
 Book Sale
 Community Awareness
 Newsletter
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 Other

Please mail or bring to:
Ransomville Free Library
3733 Ransomville Road
Ransomville, NY 14131

For Office Use Only

Date received: _____

Card Mailed: _____