

**Friends of the Uxbridge Library  
Membership Application  
And  
Renewal Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ **New Member**

\_\_\_\_\_ **Renewing Member**

**Membership Level**

\_\_\_ **Student or Senior \$5**

\_\_\_ **Individual (under age 60) \$10**

\_\_\_ **Family \$15 How many family members? \_\_\_\_\_**

\_\_\_ **Sponsor \$50**

**I am interested in helping with:**

\_\_\_ **programs**

\_\_\_ **baking**

\_\_\_ **book sales**

\_\_\_ **telephoning for bake sales**

\_\_\_ **other**

**Please mail completed  
application/check to:  
Friends of the Library  
15 North Main St  
Uxbridge, MA 01569**