

# Friends of the Rehoboth Beach Library Membership Form

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please Select Appropriate Membership Type:  Individual \$10  
 Patron \$50  
 Benefactor \$100  
 Family \$20  
 Contributor \$25

I am interested in getting involved in:  Book Sales  
 Special Programs  
 Seasonal Decorating  
 Storyhour Reader  
 Other

If "Other" was selected, please describe: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Please complete and mail to:  
Friends of the Rehoboth Public Library, Inc.  
226 Rehoboth Avenue  
Rehoboth Beach, DE 19971-2134