

## Friends of the Bethel Park Library Membership Form

Yes! I want to become a Friend. My \$10 annual dues are enclosed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I am interested in helping with:

Community Day Activities

Book & Bake Sale

Helping with programs

Financial donation of \_\_\_\_\_ *(Please make check payable to Bethel Park Public Library)*

Return form to the library or by mail to:  
Michele Loria  
Bethel Park Public Library  
5100 W. Library Ave  
Bethel Park, PA 15102