

BookFriends

The Beekley Library's Community Connection

MEMBERSHIP APPLICATION

Name: _____ Date: _____ Address: _____

STREET

TOWN

STATE

ZIP

Phone: _____ Best Time To Call: _____

Email: _____

By providing your email address, you will save postage costs for BookFriends. Please print clearly. Thank you!

Interests

I am interested in helping BookFriends with:

EVENTS

- Used Book Sale (June)
- Book Sorting (January to June)
- Transporting Books
- Event Volunteer
- Bake Sale

- New Hartford Day (September)
- Holiday Marketplace (November)
- Light New Hartford (December)
- Fund Raiser

SERVICES FOR THE LIBRARY

- Children's Programs
- Shelf Reading
- Garden Committee
- Homebound Delivery
- Preschool Delivery

SERVICES FOR BOOKFRIENDS

- Hospitality Committee
- Publicity Committee
- Membership Committee
- Board Member

- I would be happy to help with almost anything involving BookFriends.
If you find you need an extra hand, please don't hesitate to call me.

Please return your completed application in person to the Library or mail it to:

The Licia & Mason Beekley Community Library c/o BookFriends

P.O. Box 247

New Hartford, CT 06057