

# BookFriends

## The Beekley Library's Community Connection

### MEMBERSHIP APPLICATION

(Please Print Clearly)

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

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

Address: \_\_\_\_\_  
STREET TOWN STATE ZIP

Phone: \_\_\_\_\_

BookFriends primary means of communication with its members is email.

## Interests

*I am interested in helping BookFriends with:*

### EVENTS

- Holiday Marketplace (November)
- Fund Raisers

### SERVICES FOR BOOKFRIENDS

- Publicity Committee
- Board Member
- Baking for Events
- Membership Committee

### SERVICES FOR THE LIBRARY

- Children's Room
- Shelf Reading
- Homebound Delivery
- Garden Committee
- Special Projects
- Computer Work
- Newsletter

- 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