

Friends of the Riverhead Free Library Membership Application

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-Mail Address _____

Please check one:

Individual \$7.00

Family \$10.00

Lifetime Individual \$150.00

Lifetime Family \$200.00

Additional Contribution \$ _____

New Membership

Renewal

“The Library Counts on its Friends”

Please mail your application and check to:

Friends of the Riverhead Free Library, 330 Court Street, Riverhead, NY 11901