

## NEW FRIENDS

To become a member of The Friends, print out and mail this information or drop it off:

Friend Memorial Library

PO Box 57

Brooklin, Maine 04616

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Individual     Family     Business

Yes! I would like to volunteer. I am interested in helping with:

The best times for me to help are: