



ROLLINSFORD PUBLIC LIBRARY
P. O. Box 70

3 Front Street Suite 2B

Rollinsford, NH 03869

(603) 516-BOOK (2665)

Application for Membership

Friends of the Rollinsford Public Library

Name(s): _____

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The Friends communicate via e-mail; this keeps our mailing costs low and the work required to disseminate library information to a minimum. Please provide us with your e-mail address. We promise not to share it!

E-mail: _____

Please choose a membership level:

___ individual (\$10)

___ family (\$20)

___ business (\$30)