



## Membership Application

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

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

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

\*Email addresses will help us communicate more effectively.

**Membership Type:** Renewals are due in September of current year.

Type	Cost	New	Renewal
Individual	\$ 5 per year		
Family	\$10 per year		
Business/Corporate	\$50 per year		
Additional Contribution for Current Project			

Your membership is tax deductible to the extent of the law

**Would you like to contribute your time and volunteer your talents to the Friends of the Syosset Library? Please check your interest.**

\_\_\_\_\_ Membership

\_\_\_\_\_ Volunteer at Special Events

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ Programs

**Make check payable to Friends of the Syosset Public Library.**

**Mail or Return to the Friends of the Syosset Public Library, c/o Syosset Public Library,  
225 South Oyster Bay Road, Syosset, NY 11791-5897**