

FISCAL YEAR 2022

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

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

Postal Code \_\_\_\_\_ Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Annual Membership Fee \$5

Fees used to promote activities and cover expenses.

\_\_\_ I would like to be an Active member and volunteer in the following area(s):

(Must be 18 years of age or older)

\_\_\_ Executive Committee Role

\_\_\_ Net Shed Weekend Sales (4 shifts per season):

Fri 1-4 Sat 10-1 Sat 1-4 Sun 10-1 Sun 1-4 Holiday Mon 10-1 Mon 1-4

May June July August September October

I like to partner up and work shifts with:

\_\_\_\_\_

\_\_\_ I would like to show my support for the Meaford Public Library and become an Associate Member (no volunteer hours).

\_\_\_ I have reviewed and understand the Code of Conduct.

Please return form and fee to :

- Meaford Public Library - 11 Sykes St N, Meaford, ONT N4L 1V6 or
- Net Shed - 94 Bayfield Street, Meaford, ONT N4L 1N4