

**MEMBERSHIP FORM – CALENDAR YEAR 2024**

Payment Y N Date \_\_\_\_\_

Initials \_\_\_\_\_



Friends  
of the  
Library

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

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

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

How do you wish to be contacted? E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE \$5** (Fees used to promote activities and cover expenses)

- I would like to be an Active member volunteering in the following area (s): (Must be 18 years old or older)
  - Executive Committee Role
  - Net Shed Weekend Sales (Min. 4 shifts)
  - Emerg. Shifts (ie Sickness)
- 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. **Documentation – Friends of Meaford Library**

Signature \_\_\_\_\_



Please return this form and membership fee to our Library Mailbox or mail to:  
Friends of Meaford Library 11 Sykes Street North Meaford, ON N4L 1V6

Rev. 04/24