

Friends of the Milton Public Library Membership Application 121 Union Street, Milton, DE 19968

friendsofmiltonpl@gmail.com

Date	New Membership	Renewal Membership
Please Print		
Name:		
Address:		
City, State, Zip:		
Phone No. (Cell)	(H	lome):
E-mail:		
MEMBERSHIP Effective	January 1 through Decer	nber 31
Please make checks pa	ayable to: Friends of the N	/lilton Public Library (FOMPL)
Annual Dues are tax dedu	uctible	
\$5.00/Year \$10.00/Year \$100.00/Year \$500.00-B	ar Per Each Adult	ntribution)
In addition to my due	es, I would like to donat	e: \$
friendsofmiltonpl@g	mail.com	of the boxes below or contact us at:
Bookstore		Communications & Community Involvement
Gift Shop		150th Anniversary Events 2025
Fundraising		Interested in serving on the board or a committee
Membership		I am currently unable to volunteer
Special Events		Other? Please specify
	Membership Form FOMPL/202	4-25 FOMPL August 2024