

LIBRARY FRIENDS ENROLLMENT FORM

Date: _____

Name: _____

Telephone: _____

Street Address: _____

City: _____

Zip Code: _____

\$5 Membership Fee

_____ I wish to volunteer to work in **Carnegie's Books and Cafe**.

_____ Please contact me about serving on a special committee.

Mail form, with your check payable to:

Edwardsville Library Friends
112 S. Kansas Street
Edwardsville, IL 62025