## Friends of the Cedarville Community Library Membership Application/Renewal

☐ I (we) want to join the Friends of the Cedarville Community Library. Enclosed is \$5 per person, per year dues for year(s).		
☐ I (we) want to renew my (our) membership in the Friends of the Cedarville Community Library. Enclosed is \$5 per person, per year dues for year(s).		
I (we) want to contribute an additional amour Foundation as a tax-deductible donation.	it of \$ to	the Library
My (our) preferred level of involvement:  Please contact me (us) about helping with Friends projects.		
☐ I (we) cannot actively participate, but want to	support the library a	nd the Friends
NAME(S)		
ADDRESS		
CITY	ZIP	+4
PHONE		
E-MAIL		
Please return with \$5 per person, per year dues Friends of the Cedarville Community Library PO Box 26, 20 S. Miller St. Cedarville OH 45314		