



Membership Application

Date: _____

Please complete this form and mail to:
Friends of Thayer Public Library
798 Washington Street
Braintree, Ma. 02184

Membership Dues
 Individual - \$10
 Dual/Family - \$20
 Patron - \$50
 Contributor - \$100

Name _____ Phone _____

Address _____

E-mail _____

New Member Renewal

I would like to volunteer with the checked activities:

Book Sale Area Hospitality at events
 Membership Fundraising
 Call Me Event Planning

I support the goals of the Friends but cannot volunteer at this time