

**Hall Memorial Library**  
*Friends of the Library* Subscription/Membership Form

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

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Categories	
Student and Senior Citizens	\$5.00
Individual	\$10.00
Family	\$15.00
Business or Institution	\$25.00
Sustaining	\$25.00
Patron	\$100.00

Category: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ I would like to be an active member.

\_\_\_\_\_ I would like to support the library with my membership dues, but I prefer to be an inactive member at this time.

Mail to: Friends of the Hall Memorial Library, Inc.  
PO Box 280  
Ellington, CT 06029